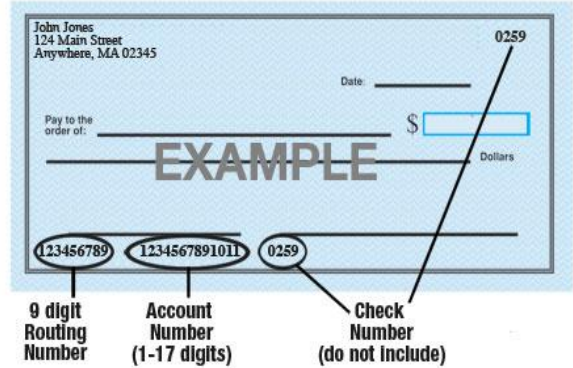


Direct Deposit Authorization/Change Form



Employee Name: _____

Employee/Student ID: _____

EMPLOYEE AUTHORIZATION STATEMENT

I hereby authorize King’s College to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the College to my account. In the event that the College deposits funds erroneously into my account, I authorize the College to debit/credit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

ACCOUNT 1

Bank Name _____	Type of Account
Routing Number (ABA) _____	<input type="checkbox"/> Checking
Account Number _____	<input type="checkbox"/> Savings

I wish to deposit: \$_____ of Net Pay **OR** All of Net Pay

ACCOUNT 2

Bank Name _____	Type of Account
Routing Number (ABA) _____	<input type="checkbox"/> Checking
Account Number _____	<input type="checkbox"/> Savings

I wish to deposit: \$_____ of Net Pay **OR** Remainder of Net Pay

Optional: You may attach a voided check or deposit slip with this application. If you choose to do so, you are not required to sign the check.