



WESTMINSTER COLLEGE  
DIRECT DEPOSIT OF PAYROLL  
AUTHORIZATION FORM

EMPLOYER NAME Westminster College

EMPLOYEE NAME \_\_\_\_\_

CHECK APPLICABLE ITEM

NEW ENROLLMENT: (Complete and sign this form. Attach a VOIDED CHECK for each account.)

CHANGE OF ACCOUNT (S) AND/OR FINANCIAL INSTITUTIONS

PRIMARY ACCOUNT  CHECKING OR  SAVINGS

Will be credited with the balance of net pay after deposits are made to any secondary accounts if designated.

Financial Institution \_\_\_\_\_ FRDABA No. \_\_\_\_\_

City and State \_\_\_\_\_ Account No. \_\_\_\_\_

SECONDARY ACCOUNT #1 (Optional)  CHECKING OR  SAVINGS

Dollar amount to be deposited per paycheck \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_ FRDABA No. \_\_\_\_\_

City and State \_\_\_\_\_ Account No. \_\_\_\_\_

SECONDARY ACCOUNT #2 (Optional)  CHECKING OR  SAVINGS

Dollar amount to be deposited per paycheck \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_ FRDABA No. \_\_\_\_\_

City and State \_\_\_\_\_ Account No. \_\_\_\_\_

SECONDARY ACCOUNT #3 (Optional)  CHECKING OR  SAVINGS

Dollar amount to be deposited per paycheck \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_ FRDABA No. \_\_\_\_\_

City and State \_\_\_\_\_ Account No. \_\_\_\_\_

AUTHORIZATION STATEMENT:

I hereby authorize Westminster College and the financial institution(s) listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize Westminster College to direct the financial institution(s) to return said funds. This authority will remain in effect until I have signed a new authorization form, or upon my termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date