

# HIRAM COLLEGE

## Authorization Agreement for Automatic Deposit

Name: \_\_\_\_\_ SS # \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize HIRAM COLLEGE to deposit my paychecks and to initiate, if necessary, debits and adjustments for any credits entered in error to my (our) account or accounts listed below. Prenote is required for Direct Deposit – this process requires one pay period.

Please attach a sample of your Deposit Slip to this form.

Financial Institution*	Transit ABA No.**	Account No.	Account Type
1. _____	_____	_____	_____ SAVINGS _____ CHECKING
	_____ Partial/Amount \$: _____ _____ Full Amount		
2. _____	_____	_____	_____ SAVINGS _____ CHECKING
	_____ Partial/Amount \$: _____ _____ Full Amount		

\* Bank, Savings & Loan, or Credit Union Name

\*\* Nine digit number that appears on the bottom of a check or deposit slip. The number is **NOT VALID** if it begins with 4,5,6,7,8, or 9. If the financial institution is a Credit Union - Transit, and ABA number 0219-0947-8 is NOT VALID for direct deposits. The employee must obtain a Transit and ABA number from the Credit Union.

This authority is to remain in full force until the employer has received written notification from me (or either of us) of its termination in such time and manner as to afford HIRAM COLLEGE and the FINANCIAL INSTITUTION a reasonable opportunity to act upon the request.

**THE FINANCIAL INSTITUTION MUST BE A RECEIVING INSTITUTION OF THE FEDERAL RESERVE.**

*If you have any questions, please contact Payroll at extension 5115.*