

**St. John's College**  
**Authorization Agreement for Direct Deposit**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

You may have up to 4 direct deposit transactions: please check the one to which this authorization agreement applies:

**First** \_\_\_\_\_ **Second** \_\_\_\_\_ **Third** \_\_\_\_\_ **Fourth** \_\_\_\_\_

This authorization agreement is to (check one):

- 1 Begin a new direct deposit \_\_\_\_\_
- 1 Change an existing direct deposit \_\_\_\_\_
- Stop an existing direct deposit \_\_\_\_\_

This authorization agreement is for (check one and provide any additional information needed):

- My net paycheck \_\_\_\_\_
- 2 The following specific amount \$ \_\_\_\_\_

I would like the money deposited to the following account (check one and provide any additional information needed):

- 3 Checking \_\_\_\_\_ Attach a voided check to this form
- Savings \_\_\_\_\_

Please provide the following account information, which is available from your financial institution.

Financial Institution Name: \_\_\_\_\_

Routing number (ABA#): \_\_\_\_\_

Account number: \_\_\_\_\_

To Business Office - St. John's College:

I authorize you to change my payroll deductions as noted above until further notice and to transmit same to my financial institution. I understand that processing the instructions will take two pay periods.

This notice will supersede and void all previous direct deposit authorizations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For new hires: the first pay will always be a check. The direct deposit will take effect with the second pay.**