

OFFICE OF PAYROLL 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214

(315) 445-4360

## **DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

Name:	Phone:	Email:
Employee Status : Faculty	Staff/ Administrator	Student
I authorize Le Moyne College to DIRECTLY DEPOSIT my payroll, and if there is an erroneous deposit, to make the necessary reversal to the following accounts:		
(Please attach copy of a void check or deposit slip to verify bank numbers.)		
1. Bank Name Transit/ABA Number Account Type: [ ] Checking (please attach  Student Employees are limited to a one bank accounting number and account number are on you	a void check) [] Savings (please att count limit. Debit cards do not have the	tach a void deposit slip) correct account number. The correct
2. Bank Name Transit/ABA Number Account Type: [] Checking (please attach a v	Amount (9 digits) Account Numbe oid check) [] Savings (please attac	er h a void deposit slip)
3. Bank Name Transit/ABA Number Account Type: [] Checking (please attach a v	Amount (9 digits) Account Numbe roid check) [] Savings (please attac	er h a void deposit slip)
Joan E. Hancock 75012 Colson Avenue Louisville, Kentucky 40225  Any Bank USA Anywhere. USA  Fronting and Checking account # Check #  Lunderstand that the direct deposit will go through a PRENOTE (testing) stage for one pay period, for which I may receive a paper paycheck. Further I understand that this authorization is to remain in full force and effect until Le Moyne College receives written notification from me of its termination in a time and manner as to allow Le Moyne College and the bank a reasonable opportunity to act upon it.		
Signed:	Date: _	

ALL PAY STUBS CAN BE FOUND BY LOGGING INTO ECHO AND CLICKING ON THE MY PAYSTUB LINK ON THE RIGHT HAND SIDE.