LE MOYNE
SPIRIT. INQUIRY. LEADERSHIP. JESUIT.

**OFFICE OF PAYROLL**
**1419 SALT SPRINGS ROAD**
**SYRACUSE, NY 13214**
**(**315) 445-4360

# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name: _____ College ID#:_____

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:

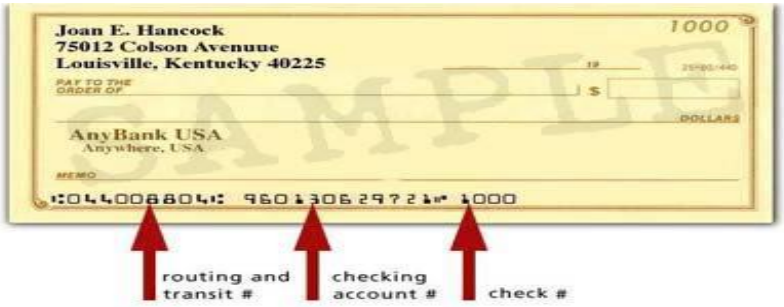
(Please attach copy of a void check or deposit slip to verify bank numbers.)

1.
Bank Name _____ Amount_____
Transit/ABA Number __ __ __ __ __ __ __ __ __ (9 digits) Account Number _____
Account Type: [ [ ] Checking (please attach a void check) [ ] Savings (please attach a void deposit slip)

**Student Employees** are limited to a one bank account limit. Debit cards do not have the correct account number. The correct routing number and account number are on your check or deposit slip or contact your bank.

2.
Bank Name _____ Amount_____
Transit/ABA Number __ __ __ __ __ __ __ __ __ (9 digits) Account Number _____
Account Type: [ ] Checking (please attach a void check) [ ] Savings (please attach a void deposit slip)

3.
Bank Name _____ Amount_____
Transit/ABA Number __ __ __ __ __ __ __ __ __ (9 digits) Account Number _____
Account Type: [ ] Checking (please attach a void check) [ ] Savings (please attach a void deposit slip)




I understand 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.**

Revised June 2014