



WAGNER COLLEGE

PAYROLL DIRECT DEPOSIT AUTHORIZATION

ACTION

- New Enrollment
 Change of Bank/Account
 Cancellation

BANK NAME

ACCOUNT TYPE

- Checking
 Savings

TRANSIT ROUTING NUMBER

YOUR ACCOUNT NUMBER

(9-digit number from your personal check or deposit slip)

(From your personal check or deposit slip)

(A check marked "VOID" or a bank-imprinted deposit slip must be attached to this Authorization.)

I hereby authorize Wagner College to deposit my payroll check directly into the financial institution ("Bank") specified above. If, for any reason, funds to which I am not entitled are deposited to the specified account, I authorize Wagner College to direct the Bank, and I authorize the Bank, to debit my account to adjust any erroneous payments from funds in the account or from future payments and to return said funds to Wagner College. Under no circumstances will Wagner College be responsible for any direct damages in excess of the amount of the payment or for any indirect consequential or special losses or damages, or for lost profits for any failure of error in making any payment to my account. Under no circumstances will Wagner College be liable for any inaccuracies or false statements in the information provided. This authority will remain in effect until I have given Wagner College 30 day's prior written notice that I have canceled or until Wagner College has notified me that this direct deposit service has been canceled.

Signature

Date

Print Name

Social Security Number

FOR HR OFFICE USE

EMPLOYEE: ID# _____ Payroll: _____ Pre-Note: _____

PROCESSED: By _____ Date: _____ PROOFREAD: By _____ Date: _____