

# *Student Employment Direct Deposit*

## *Authorization Form*

Employee Name: \_\_\_\_\_

(Please Print)

First

MI

Last

Email: \_\_\_\_\_

Berg ID: \_\_\_\_\_

Class Year: \_\_\_\_\_

### **Authorization Agreement**

I hereby authorize Muhlenberg College to initiate direct deposits to my account at the financial institution named below. This authorization will remain in effect until Muhlenberg College receives a written notice of cancellation from me or I submit a new direct deposit form.

Further, I agree not to hold Muhlenberg College responsible for any delay due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

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

### **Account Information**

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

Routing Number: \_\_\_\_\_ (Consult Your Bank to Verify if Necessary)

Account Number: \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ (check one)