



Student Payroll Direct Deposit Form

Print Clearly

STUDENT NAME: _____

Checking

Savings

Routing Number

Routing Number

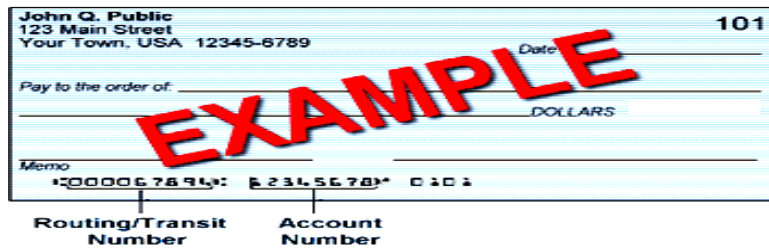
Account #

Account #

Student Signature: _____

Date: _____

- ➔ Attach a copy of a voided check or an information sheet from your bank so that we can verify the account #.
- ➔ Please be aware that your direct deposit will not be effective for the 1st pay cycle following receipt of this completed form.



Office use Only

ADP: _____

Staff _____