VASSAR COLLEGE
POUGHKEEPSIE, NEW YORK 12604-0707
Student Employment Office

VASSAR COLLEGE
STUDENT EMPLOYMENT
PAYROLL DIRECT DEPOSIT FORM*

NAME	PHONE
ADDRESS	Vassar ID or Social Security #

***PLEASE NOTE:** It will take **two complete pay cycles** for Direct Deposit to become active

TO AUTHORIZE DIRECT DEPOSIT:

I. I authorize the Payroll Department at Vassar College to deposit my paychecks to the following account:

_____
BANK NAME AND STREET ADDRESS – (Typically found on your check or bank's website)

___ Checking Account ___ Savings Account

TRANSIT ROUTING NUMBER

Usually the 1st set of #'s bottom left of check

ACCOUNT NUMBER INFORMATION

This authorization will remain effective until the College receives written notification from me of its termination and has had reasonable opportunity to act on it, or the College has sent me 10 days written notice of termination. I realize closing or changing accounts requires me to terminate this direct deposit and initiate a new one.

SIGNATURE*	DATE

***PLEASE NOTE:** It will take **two complete pay cycles** for Direct Deposit to become active

PLEASE RETURN THIS AUTHORIZATION WITH EITHER A DEPOSIT SLIP OR VOIDED PERSONAL CHECK FOR THE APPROPRIATE SAVINGS OR CHECKING ACCOUNT TO THE STUDENT EMPLOYMENT OFFICE, VASSAR COLLEGE BOX 707, 124 RAYMOND AVENUE, POUGHKEEPSIE, NY 12604-0707

TO TERMINATE DIRECT DEPOSIT:

II. MY SIGNATURE BELOW IS MY AUTHORIZATION TO TERMINATE DIRECT DEPOSIT FOR MY PAYCHECK EFFECTIVE _____

This is my written authorization for termination. I understand that the College may need 10 days for this to be effective.

_____ _____
SIGNATURE TODAY'S DATE

_____ _____
PRINTED NAME Vassar ID or Social Security #