

## Direct Deposit of Payroll Authorization

*Please fill out and return to the Payroll Department*

**To:        DOWLING COLLEGE**

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**I authorize you to deposit my net pay automatically to my account specified below each pay day by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.**

**Attach a voided check to this Authorization (where applicable).**

**Please print.**

**Financial Institution** \_\_\_\_\_

**Branch Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Checking or Savings** \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_