



Albert Einstein College of Medicine

## Direct Deposit Authorization Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Banner ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I authorize my employer, Albert Einstein College of Medicine, to deposit my net salary into the account(s) indicated below.

**To ensure that your account(s) is/are properly credited, please attach a voided check from the checking account(s), or a deposit slip from the savings account(s) where you have requested your net salary to be deposited. Please note that payroll will not process your direct deposit if these documents are not submitted with this form. We reserve the right to remove funds in case of an error.**

I agree that this authorization will remain in effect until I provide written notification to Albert Einstein College of Medicine terminating this service.

Please indicate your payroll frequency: ☐ Semi-monthly ☐ Bi-Weekly

Signature \_\_\_\_\_

Date \_\_\_\_\_

You may list up to three accounts below, including the Credit Union.

Bank Name:

Bank Name:

Bank Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Address:

Bank Address:

Bank Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of Account:

Title of Account:

Title of Account:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Checking ☐ Savings

☐ Checking ☐ Savings

☐ Checking ☐ Savings

Bank Routing Number

Bank Routing Number

Bank Routing Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Account Number

Bank Account Number

Bank Account Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_% to be Deposited

\_\_\_\_\_% to be Deposited

\_\_\_\_\_% to be Deposited

Percentages must add up to 100%.

Please note: You will receive your next payment in the form of a physical check by mail while your new account information goes through a verification process.

For Payroll use only:

Input by (Init): \_\_\_\_\_ Date: \_\_\_\_\_