

Alvernia University Direct Deposit Form

Please print legibly

Employee Name _____

Social Security # _____

Account # 1:

Bank Name _____

____ Checking ____ Savings

Account Number _____

Transit Routing # _____

Deposit Dollar Amount _____

Account # 2:

Bank Name _____

____ Checking ____ Savings

Account Number _____

Transit Routing # _____

Deposit Dollar Amount _____

*Please use a second form if more accounts are desired.

I hereby authorize Alvernia College to initiate credit entries as I have indicated above. This authority is to remain in full force and effect until Alvernia College has received written notification from me of its termination.

Employee Signature

Date

- A VOIDED CHECK MUST BE ATTACHED FOR EACH DEPOSIT TO A CHECKING ACCOUNT.
- TO DEPOSIT IN SAVING ACCOUNT(S), PLEASE CALL YOUR BANK TO VERIFY CORRECT TRANSIT AND ACCOUNT NUMBERS.