

MILLSAPS COLLEGE

DIRECT DEPOSIT

PLEASE PRINT ALL INFORMATION:

EMPLOYEE NAME: _____

ID or SS # _____

BANK NAME:

CHECKING # 1 _____ Bank Name _____ Account # _____

Amount: \$ _____ or _____ total paycheck

CHECKING # 2 _____ Bank Name _____ Account # _____

Amount: \$ _____ or _____ total paycheck

OR:

SAVINGS _____ Bank Name _____ Account # _____

Amount: \$ _____ or _____ total paycheck

TAPE YOUR VOIDED CHECK HERE
or
Deposit form needed for savings account.

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I authorize Millsaps College and the bank listed to deposit my net pay electronically to my account each payday. If funds which I am not entitled to are deposited to my account, I authorize Millsaps College to direct the bank to return said funds. This authority will remain in effect until I have filed a new authorization.

_____ NEW _____ CHANGE _____ CANCEL

Employee Signature

effective date