**CANISIUS COLLEGE**
**DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize Canisius College to deposit, and to reverse such deposits made in error, to my account(s) at the bank(s) named below:

I understand that my bank(s) must be a member of the Automated Clearing House Network and that it may take approximately 2 payrolls before the first direct deposit is in place.

**For a saving account, attach a copy of a deposit slip. For a checking account attach a blank voided check or a photocopy of a cancelled check.**

1. ☐ Checking

_____ Bank Name

_____ Transit Routing/ABA Number

_____ Amount

☐ Savings

_____ Address

_____ Account No.

_____ City/State/Zip

☐ New Employee ☐ Change

2. ☐ Checking

_____ Bank Name

_____ Transit Routing/ABA Number

_____ Amount

☐ Savings

_____ Address

_____ Account No.

_____ City/State/Zip

☐ New Employee ☐ Change

3. ☐ Checking

_____ Bank Name

_____ Transit Routing/ABA Number

_____ Amount

☐ Savings

_____ Address

_____ Account No.

_____ City/State/Zip

☐ New Employee ☐ Change

This authority is to remain in full force and effect until Canisius College receives a written notification from me of its termination in such time and manner as to afford Canisius College and the bank a reasonable opportunity to act upon it; (e.g., 10-20 working days). **Please return this form to Payroll Office, HS, Room 225**.

Name _____ Banner ID# _____
(please print)

Faculty / Staff _____ Student _____

Department _____ Extension _____

Signature _____ Date _____

**OFFICE USE ONLY**

TRN _____ T___ ACT _____ AMT _____

TRN _____ T___ ACT _____ AMT _____

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