



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Complete, print, and Submit this form along with required document(s) to:

Human Resources
ST THOMAS HALL

Please direct any questions to the Payroll Department

Tel (570) 941-4066
Fax (570) 941-5937

Indicate if you are: Faculty Staff

Employee Name: _____ Royal ID Number: _____

To elect entire amount into one primary account, please complete the section: PRIMARY ACCOUNT only.

Direct deposit information will be verified with your financial institution(s). You may receive a paper check until your direct deposit becomes active. This process can take up to 10 working days. Please contact the Payroll Department with any questions.

Secondary Account #1 - Optional

Bank Transit/ Routing Number: (must be 9 digits)	Bank Name
Account Number:	Dollar Amount to be Deposited: <input type="text"/>
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount

Secondary Account #2 - Optional

Bank Transit/ Routing Number: (must be 9 digits)	Bank Name
Account Number:	Dollar Amount to be Deposited: <input type="text"/>
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount

PRIMARY ACCOUNT for all or remaining Payroll funds:

Please note: Net payroll, after the partial deposits listed above, will be deposited to this account.

Bank Transit/ Routing Number: (must be 9 digits)	Bank Name
Account Number:	Dollar Amount to be Deposited: <input type="text"/>
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop

I hereby authorize the University to initiate direct deposit into the account(s) and financial institution(s) listed above. Payroll direct deposits will be made to the accounts listed above until I choose to change this agreement by submission of a new Direct Deposit Authorization form.

You will receive notification of your electronic direct deposit advice via your official University e-mail. You may view, print or save this advice by visiting the Payroll Information menu on the Employee tab in your My.Scranton portal.

Please attach a voided personal check OR deposit form/letter from your financial institution(s) which includes the 9-digit transit/routing number.

Employee Signature: _____ Date: _____ Phone: _____