

TENNESSEE WESLEYAN COLLEGE

Direct Deposit Agreement

You may choose up to two Banking Accounts

New

Change

Employee Name (please print): _____

Yes, please sign me up for Direct Deposit from the College. I authorize the College to direct deposit into my accounts. Also, I authorize the College to initiate debit entries, if necessary, to correct any credit entries made in error.

First Financial Institution:

Employee's Bank Name: _____

City: _____ **State:** _____

Transit/ABA No.: _____ **Account No.:** _____

Checking:

Savings:

Second Financial Institution:

Employee's Bank Name: _____

City: _____ **State:** _____

Transit/ABA No.: _____ **Account No.:** _____

Checking:

Savings: Amount: _____

In order to change or terminate this service, the college Human Resources Office must receive prior written notification from me at least 15 days before the deposit to ensure that the change or termination can be made.

Signature: _____ **Date:** _____

In order to verify your banking information and guarantee the efficient transfer of funds, please attach a voided check for checking accounts and a copy of the top portion of your savings account statement on the back of this form.