BEREA COLLEGE
LABOR PROGRAM

Please Select One of the Following	
New	
Revision	
Cancellation	
Account 1	
Account 2	

Direct Deposit Authorization Form

Name:	B#
CPO:	Date:

Students Please Read:

- Please provide an official form of documentation with **your name, the account, and routing numbers** for your financial institution.
- Also please allow up to 2 pay periods for the process to be completed.

Please provide name of financial institution: _____

Routing Number: | | | | | | | | | |

Account Number: | | | | | | | | | | | | |

Please select the type of account you are setting up with:

☐ Checking

☐ Savings

Percentage of check into this selected account: _____

Allow Student Payroll AND Accounts Payable to deposit checks into this account: ☐ Yes ☐ No

I wish to have Berea College deposit my net pay and/or fixed amount(s) each payday directly to my account(s) as indicated**. I agree to notify the Berea College Student Labor and Payroll Office of any changes to the information so that my pay may be properly distributed.** I understand that in the event that Berea College notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand in the event my financial institution is not able to deposit any electronic transfers into my account due to any action I take, Berea College cannot issue the funds to me until the funds are returned to the college by my financial institution.

Student Signature: _____ Date: _____

Student Labor and Payroll Use Only

Date Entered: _____ Initials: _____ Date Cancelled: _____ Initials: _____

Cancellation Only Past This Point

I agree for the account stated above to be terminated from direct deposit. I do not wish to receive funds into this account any longer. I will notify the Student Labor and Payroll Office of any changes in the future.

Student Signature: _____ Date: _____