

DIRECT DEPOSIT AUTHORIZATION FORM (EMPLOYEE'S CHECKING OR SAVINGS ACCOUNT)

ASA College is pleased to offer direct deposit of employee paychecks to the bank(s) and account(s) of your choice.

If you want to participate in direct deposit, you must complete the following:

- Complete the employee section of this form.
- Attach a voided personal check(s) and/or personalized deposit slip(s) to this form to verify your account number(s) and bank routing number(s).
- Return (e-mail) completed form to the Human Resources office.
- Your direct deposit should begin within two pay periods after we receive your completed form.

NOTIFY HUMAN RESOURCES OFFICE IMMEDIATELY IF YOU CLOSE OR CHANGE DESIGNATED BANK ACCOUNT

TO BE COMPLETED BY EMPLOYEE:		
Name of the Employee	(ast/Middle/First)	Employee ID#
	Job Title	
■ New Enrollment	Modify Enrollment	Cancel Enrollment
	ed with an erroneous payment, I	ctly to bank account(s) listed below. In the authorize the reversal of the erroneous ning in my future compensation.
	s terminated this direct deposit se	otification that I have terminated it or until rvice. I understand that I must give ASA
Acct.Type: Checking Saving Pay Card	Bank ABA/Routing Number	Account Number
Deposit Amount:	Fixed Amount of \$	Remaining Net Amount
Acct.Type: Checking Saving		
☐ Saving ☐ Pay Card	Bank ABA/Routing Number	Account Number
Deposit Amount:	Fixed Amount of \$	Remaining Net Amount
Acct.Type: Checking Saving		
☐ Saving ☐ Pay Card	Bank ABA/Routing Number	Account Number
Deposit Amount:	Fixed Amount of \$	Remaining Net Amount
Signature of the Employee		Date (MM/DD/YYYY)

Brooklyn, NY 11201 Tel.: 718 - 522-9073