

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

Name

Social Security Number

Please check one:

Monthly Payroll _____

Biweekly Payroll

With my signature, I authorize Muskingum College to electronically deposit future paychecks in the following bank:

Institution's Name

Address

I understand that this will be effective with the last payroll of next month,

_____ 2_____ and that I may cancel participation with one month's notice.

Attached to this form is a cancelled check for my account in the above-named bank.

Signature

Date

Attach Cancelled Check Here.