

Lewis & Clark College

Payroll Direct Deposit Authorization

Name _____ LC ID _____

If Payroll does not receive this form by the deadline below, the next payment will be a printed check or previous account information will be used. Return completed form to Payroll (MSC 72) or Student and Departmental Account Services.

- **Staff Deadline - 17th of the month**
- **Student Deadline - Last business day of the month**

Please direct deposit my monthly pay to:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____
Routing # _____ Account # _____

Additionally, please deposit a fixed amount to the following accounts:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____
Routing # _____ Account # _____ Amount _____

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____
Routing # _____ Account # _____ Amount _____

DIRECT DEPOSIT - I hereby authorize Lewis and Clark College to deposit my net pay via electronic funds transfer to my bank account at the financial institution of my choice as indicted above. The deposits will be automatic and will continue on each payday until I instruct otherwise in writing. If an incorrect deposit should be made to my account, I authorize the College to direct the bank to return said funds. I understand that the College will notify me of such action.

To prevent any delays in the deposits, I will immediately notify the payroll department when I close my account and/or change banks, or bank account numbers.

Signature _____ Date _____