



**Student Payroll Direct Deposit Form**

Print Clearly

**STUDENT NAME:** \_\_\_\_\_

**Checking**

**Savings**

Routing Number

Routing Number

\_\_\_\_\_

\_\_\_\_\_

Account #

Account #

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- Attach a copy of a voided check or an information sheet from your bank so that we can verify account#
- Please be aware that your direct deposit will not be effective for the 1<sup>st</sup> pay cycle following receipt of this completed form.

Office use Only	
ADP: _____	Staff: _____