

AQUINAS COLLEGE

DIRECT DEPOSIT REQUEST FORM

TO: Aquinas College Payroll Department

NAME: _____ (please print)

Financial Inst.		Routing #	Account #	\$amt%/net
	<input type="checkbox"/> New Account <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> New Account <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> New Account <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Please provide Payroll with a VOIDED check for each account if available.

The above elections will not take place until your account information is verified (usually one pay cycle).

Forms should be submitted **1 week prior to the payday.**

If you have any questions, please call Payroll at **(616) 632-2912**

Phone Number or Email where you can be contacted: _____

(We will notify you if there are any errors in processing)

Signature: _____

Date: _____