Employee Direct Deposit Enrollment Form

		To be completed by Payroll Manager			
	Company Code:	Emplo	yee File Number:	Date Entered:	
	Entered By: (Print)		(Sign)		
stat Rou	ement for each checking acco	ount – not a der ur account. Pl e	posit slip. If depositing to a	roll manager. Attach a voided check or o savings account, ask your bank to give y ct deposit forms will only be acce	
I he Persindi acco acco unti	sonal Check and/or Savings Accated on this form. Further, I autount. In the event that The Coopount for an amount not to exceed I The Cooper Union has received	The Cooper Union count by initiating thorize my Bank are Union deposite the original amount of the written notice for the control of the cont	on to deposit my Net Pay or ing credit entries to my account to accept and to credit any counts funds erroneously into my account to the erroneous credit. The form me indicating that I wish	designated amount of my Payroll Check is ant at the financial institution (hereinafter "redit entries indicated by The Cooper Union account, I authorize The Cooper Union to dehis authorization is to remain in full force and to terminate this service.	
Em	ployee Name:		Social Security (Last Four) XXX-XX		
Em	ployee Signature:		Date	»:	
	Bank NameRouting Account #:		Account Number:	osited, if less than your total net paycho	
	□ Checking □ Savings	⊔ Otilei	i wish to deposit	\$ Of □ Entire Net Amou	
2.	Bank Name				
	Routing Account #:		_ Account Number:		
	☐ Checking ☐ Savings	□ Other	I wish to deposit	\$ or $\ \square$ Entire Net Amou	
3.	Bank Name				
	Routing Account #:		_ Account Number:		
	☐ Checking ☐ Savings	□ Other	I wish to deposit	\$ or □ Entire Net Amou	