# Direct Deposit Form

Elms College
Authorization Agreement
Payroll Direct Deposit
I,_____, request and authorize my employer, Elms College, to make direct deposit(s) from my pay to my account(s) at the below named bank:

Bank Name:_____

City & State:_____

| Routing # | Account # | Account Type | Amount |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Elms College will use care in sending funds to my account. I agree that Elms College will not be liable for damages or losses that occur due to an equipment failure, an act by a third party, or any other act beyond the College's control. Elms College's liability to me will not exceed the difference between the wages it owes me and the wages it had paid me.

I agree that if an unearned or erroneous payment is credited to my account by Elms College I will immediately repay Elms College the full amount of such unearned or erroneous payment. Further, Elms College may correct any error with an electronic debit or by paper entry.

I must tell you in writing if I want to make a change to this agreement.

Elms College reserves the right to cancel this agreement at any time.

_____ _____
Employee Signature Date

In this agreement, "I", "me" and "my" mean the employee. "You" and "your" mean the employer. "Account" means the checking, savings, NOW or IRA account into which payroll funds are sent. "Bank" means _____, holder of my account.

** Please attach a voided check or deposit slip for routing number confirmation.