# PAYROLL DIRECT DEPOSIT 

New $\square$ Change $\square$
Cancel

I hereby authorize The School of VISUAL ARTS (SVA) to deposit my paycheck directly into the account(s) specified below and to initiate (if necessary) debit entries and adjustments for any credit entries transmitted in error to my account.

I agree that this authorization will remain in effect until I provide written notification to SVA terminating this service or until the separation of my employment.

Name (printed)

## Signature

Please choose one of the following options:
$\square$ Deposit entire paycheck in one account.
$\square \quad$ Deposit entire paycheck in two or more accounts.

| $\mathbf{1} \quad \square$ Savings $\square$ Checking/MMA |
| :--- | :--- |
| $\square$ Deposit Paycheck (or remaining balance if splitting |
| your deposit between two or more accounts) |
| Account No. $\quad$ |
| Name on the Account $\quad$ |
| Bank |
| Bank Routing No. $\quad$ |


| 3 |
| :--- |
| $\square$ Deposit Fixed Amount \$__ Savings $\square$ Checking/MMA |
| Account No. $\quad \square$ |
| Name on the Account $\quad$ |
| Bank $\quad$ |
| Bank Routing No. $\quad$ |

Employee ID\#

Date
$2 \quad \square$ Savings $\square$ Checking/MMA
$\square$ Deposit Fixed Amount \$ $\qquad$

Account No.
Name on the Account $\qquad$
Bank
Bank Routing No. $\qquad$

4
Savings
Checking/MMA
$\square$ Deposit Fixed Amount \$ $\qquad$
Account No.
Name on the Account $\qquad$
Bank
Bank Routing No. $\qquad$

## ATTACH VOIDED CHECK(S) HERE

*Note: Employee must be a named account holder for direct deposit to be initiated.

Forms submitted via email/fax has been verified with the employee via phone by: $\qquad$

