



Enroll Me in Direct Deposit

Change My Direct Deposit

\* This is an Additional Account

\* If this is an additional account, please designate the monthly deposit amount.

Employee's Name:

Social Security Number:

Name of Bank or Financial Institution:

**Complete this Section if Requesting Deposit to a Checking or Money Market Account**

ABA Routing Number:

Checking or Money Market Account Number:

Attach a Voided Check or an Official Bank Form providing account number and the bank routing number.

**Complete this Section if Requesting Deposit to a Savings Account:**

ABA Routing Number:

Savings Account Number:

Attach a Deposit Slip or an Official Bank Form providing account number and the bank routing number.

*\* Please note that if the direct deposit transmittal fails due to incorrect information, Warren Wilson College can only provide a replacement payment AFTER a refund from the bank or financial institution has been received. By typing my name below, I acknowledge that it is intended to represent my electronic signature. I am also authorizing Warren Wilson College to deposit my paycheck into my checking, savings, or money market account as identified above, beginning with the processing of the next pay period.*

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Employee's Signature

Date