

I,payroll check into the following account(s).	, do hereby authorize Lees-McRae College to directly deposit my	
Account 1		
Account #:	Bank Name:	
Account Type:	s Deposit Amount: Net Partial (amount: \$)	
Account 2		
Account #:	Bank Name:	_
Account Type:	s Deposit Amount: Net Partial (amount: \$)	
Account 3		
Account #:	Bank Name:	_
Account Type:	s Deposit Amount: Net Partial (amount: \$)	
☐ I have attached a voided check or an a	thorization agreement for automatic deposits from my bank to this request.	
Direct deposit cannot be set up without the	attached support documentation from your financial institution.	
It is further understood that any party to the This agreement replaces any other direct d	agreement may cancel the contract at any time, at their own discretion. posit agreement made on a prior date.	
Any new or change to payroll bank informatirst pay following the change.	on is subject to the bank pre-note process which may result in a paper check for you	ır
Any employee expense reimbursement will	be directly deposited to the primary account to which your payroll is deposited.	
Signature:	Date:	

Please return completed form to Human Resources.