



NEW YORK INSTITUTE OF TECHNOLOGY

Student Employment DIRECT DEPOSIT

ENROLLMENT AND AUTHORIZATION AGREEMENT

(Please print)

Name: _____ Social Security Number: _____

Address: _____
City State Zip Code

*******PLEASE NOTE*******

Payroll must "pre-note" (test out) the information provided below to make sure that the transit and account numbers are correct, therefore **please allow two payroll periods for completion of the enrollment process.**

For checking accounts: Attach a photocopy or voided original check, which provides account number and bank transit routing number.

For savings accounts: Attach a letter from your bank that includes your name, social security number, account number, and routing number.

TO BE COMPLETED BY EMPLOYEE

___ Checking Account ___ Savings Account ___ Account Change

Bank Name: _____

Transit Routing Number: _____

Account Number: _____

I authorize New York Institute of Technology to deposit my net pay into my account as indicated above each payday. If funds to which I am not entitled are deposited in my account, I authorize New York Institute of Technology to initiate necessary adjustments to my account to effect return of said funds.

This authorization will remain in effect until I provide written notice of its rescission to the Payroll Department.

Signature

Date