



Direct Deposit Authorization

Employee Name: _____

Company Name Rocky Mountain College

New Direct Deposit

Change Deposit Information

Cancel Authorization

Rocky Mountain College has elected to offer the benefit of direct deposit to all employees. Direct deposit is the most *convenient, secure* and *affordable* way to receive your compensation. Your pay will be automatically deposited into your account and is available by the start of business on your pay date.

To sign up for direct deposit, please *complete* this form and return it to the Human Resources Office at Rocky Mountain College.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Partial Amount: \$ _____

Remaining Full

Account Number: _____

Checking Savings

For Checking Account deposits you must attach a voided check or a copy of a voided check.

Second Account Information

Name of Financial Institution: _____

Routing Number: _____

Partial Amount: \$ _____

Remaining Full

Account Number: _____

Checking Savings

For Savings Account deposits please attach a voided deposit slip.

Please staple voided check/savings slip here.

I hereby authorize Rocky Mountain College to initiate automatic deposits to my account(s) at the financial institution named above. I also authorize Rocky Mountain College to make withdrawals from this account in the event that a credit entry is made in error. I understand that Rocky will provide a written notice to me of the error within 2 days of the correction. I also understand that the financial institution at which I have the below account(s) is required to provide to me the procedures for resolving errors on entries made under this agreement. Further, I agree not to hold Rocky Mountain College responsible for any delay or loss of funds due to incorrect or incomplete information supplied to me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I understand that my deposit may not be credited to my account until the pay date indicated on the Direct Deposit Authorization..

This agreement will remain in effect until Rocky Mountain College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Human Resources Office.

Signature _____	Date: _____
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