

HOPE COLLEGE

Payroll Direct Deposit Form

Hope College participates in a payroll direct deposit program through Automatic Clearing House (ACH). If you wish to participate in the program, please complete the information below and return to the PAYROLL OFFICE.

Employee Name _____ Hope I.D. _____

Bank Name _____

A.B.A. Routing # _____

*When entering account numbers **DO NOT USE** debit card numbers*

Circle One: New Account / Change / Stop

____ Savings: Account Number _____

Fixed Amount \$ _____ or Net Check _____

____ Checking: Account Number _____

Fixed Amount \$ _____ or Net Check _____

Desired Effective Date * _____

* Changes and stops will be effective with the next payroll, unless indicated.

I hereby authorize Hope College to deposit my payroll check as stated above and also authorize Hope College to initiate credit or debit entries to my account(s) to correct any errors which may have occurred. (This authority will remain in force until Hope College has received written notification from you, the employee, regarding any changes.)

Signature _____ Date _____