

**Gwynedd-Mercy University
Direct Deposit Form**

EMPLOYEE NAME: _____ **Last Four Digits of Social Security #** _____

I hereby authorize Gwynedd-Mercy College, hereinafter called GMC, to initiate credit entries to my account(s) indicated below and the depository(s) named below credit the same such account(s), and in the event a credit is made to my account in error, I authorize GMC to make a correcting entry under the condition that I am notified of said adjustment.

NOTE: YOU MUST ATTACH A VOIDED CHECK FOR EACH ACCOUNT.

DEPOSITORY: _____
BANK NAME

___ Checking
___ Savings

ADDRESS CITY/STATE ZIP

I wish to deposit: \$ _____ or ___ Entire Net Pay

Banking Transit/ABA: _____ Acct No. _____

DEPOSITORY: _____
BANK NAME

___ Checking
___ Savings

ADDRESS CITY/STATE ZIP

I wish to deposit: \$ _____ or ___ Entire Net Pay

Banking Transit/ABA: _____ Acct No. _____

DEPOSITORY: _____
BANK NAME

___ Checking
___ Savings

ADDRESS CITY/STATE ZIP

I wish to deposit: \$ _____ or ___ Entire Net Pay

Banking Transit/ABA: _____ Acct No. _____

This authorization is to remain in full force and effect until GMC has received written notification from me of its termination in such time and in such manner as to afford GMC a reasonable opportunity to act on it, or I complete and sign a new Automatic Deposit Form.

Signature Date