



Haverford

CHANGE FORM EMPLOYEE DIRECT DEPOSIT PAYROLL AUTHORIZATION PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCES OFFICE

I authorize you and the Bank(s) listed below to deposit my paycheck to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the Bank to return said funds. This authority will remain in effect until I give written notice to terminate with sufficient time to allow the Payroll Office to act upon it. I will provide adequate notice if I close this bank account.

Employee Name (please print)	Signature	Date
Effective Date of Change _____		

A VOIDED CHECK OR BANK VERIFICATION FORM MUST BE ATTACHED TO THIS AUTHORIZATION FOR THE ACCOUNT(S) INVOLVED.

CHECKING ACCOUNT INFORMATION

1. _____ Name of Bank _____ Account Number _____ Routing Number _____ Amount of Deposit	2. _____ Name of Bank _____ Account Number _____ Routing Number _____ Amount of Deposit
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SAVINGS ACCOUNT INFORMATION

1. _____ Name of Bank _____ Account Number _____ Routing Number _____ Amount of Deposit	2. _____ Name of Bank _____ Account Number _____ Routing Number _____ Amount of Deposit
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