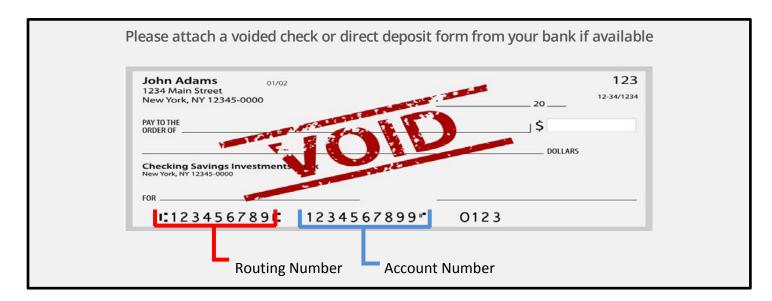
## Student Direct Deposit Authorization Form

## **III** Hampshire College

Please select one of the following: <b>New</b>	Change Cancel
Student Name:	Student ID:
Daytime Phone:	Email:
Bank Name:	Type: Checking Savings
*Routing Number:	<del></del>
*Note: Failure to supply the correct Routing Number and/or Acco	ount Number will cause a delay in the process.

## I understand that:

- Direct deposit transactions will be sent to the bank.
- I should contact my financial institute to verify receipt of funds.
- I should always review my pay stub on The Hub under the Timecards option.



I authorize Hampshire College to deposit my paycheck directly to the account above, and to correct any errors that may occur from these transactions. I authorize the financial institution indicated above to post transactions to the account. I understand that this process may take up to two pay cycles to take effect. This agreement is to remain in effect until Hampshire College receives written notice from me to cancel or change this authorization. I understand that Hampshire College is not responsible for bank errors.

Student Signature:	Please sign with Pen	Date:

Please return this form to the Payroll Office which is located on the first floor of Blair Hall.

The hours of operation are Monday through Friday 8:30 AM - 4:30 PM (closed 12:00 PM – 1:00 PM)