

HAMPSHIRE COLLEGE
STUDENT DIRECT DEPOSIT AUTHORIZATION FORM

STUDENT NAME: _____ **Email:** _____

Please check one of the following: New _____ Change _____ Cancel _____

Please deposit my NET PAY in the following account (check one):

Checking Account _____ Savings Account _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Please note processing time may take up to two paycycles.

This agreement is binding until Hampshire College has received written notification of cancellation or changes to my current account.

I hereby authorize Hampshire College and the financial institution listed above to deposit my regular paycheck into the account listed above. I understand that Hampshire College is not responsible for bank errors. I have read the "Understanding Direct Deposit" Form.

Student Signature: _____ **Date:** _____

RETURN TO PAYROLL OFFICE