## FORT LEWIS COLLEGE Payroll Direct Deposit Authorization Form

				(Please Type or Print)	
Fort Lewis College ID #	Employee Na	me (Last Name, First Nam	e)	Cirolo One (Berwines!)	
		( ) Contact Phor	<u>-</u> ne #	Circle One (Required)	
				Faculty/Staff Student/Non Student	
			ent at Fort Lewis Collectors is also available from the		
NOTE: Requests must allow suf issued (for new employee) or de deposit to your new account has	ficient time for processing ar posit to an already establishe	nd may not be effective for yed account (for continuing e	our next pay date. Late requently and late in the requently and the requently are requently as the requently are requently a	ests may result in a check being g your old account open until	
Complete the account designation		·	•		
Checking Account: At	tach a voided check or docur ach documentation from finan	mentation from financial ins			
		ACTION TYPE			
New Employee Set-	Up ,	Accounts Payable	Payroll		
Continuing Employe	ee Change (i.e. change accou	int #, change financial insti	tution, change percentage of	net pay or \$ amounts)	
Cancel Direct Depos	sit ( <b>must follow-up by subm</b>	itting a replacement form)			
IMPORTANT: Enter <u>all</u> financia changing. Enter the lowest %	•		_	all accounts, even if only one is	
<u> </u>	•			,	
Account #1	Account Type:	Checking	Savings	Money Market	
L		(Attach voided check)	(Attach financial institution documentation)	(Attach financial institution documentation)	
Bank Name:					
Bank Address:					
Routing# (9 digits)		Account #	#		
Requested amount for this accou	nt: (select one)				
○ % Net Pay:		pecific \$ Amount:		Entire Balance	
Account #2	Account Type:	Checking	Savings	Money Market	
		(Attach voided check)	(Attach financial institution documentation)	(Attach financial institution documentation)	
Bank Name:					
Bank Address:					
Routing# (9 digits)	Account #				
Requested amount for this accou	nt: (select one)				
○ % Net Pay:		specific \$ Amount:		Entire Balance	
Account #3	Account Type:	Checking	Savings	Money Market	
		(Attach voided check)	(Attach financial institution documentation)	(Attach financial institution documentation)	
Bank Name:			accumentation)	uooumemanen,	
Bank Address:					
Routing# (9 digits)		Account #	<del></del>		
Requested amount for this accou	nt: (select one)				
○ % Net Pay:	,	Specific \$ Amount:	0	Entire Balance	
Authorization Agreement: I certify I (deposits), and if necessary to reverse	have the authority to execute t any incorrect EFT payments m e any other lawful means to reco	his authorization. I herby aut lade in error to the bank accover the deposited funds which	horize Fort Lewis College to initia unt indicated above. In the even	ate, change or cancel EFT credit entries at a "reversal" can not be implemented, uthorization is to remain in force until For	
Employee Signature:			Date	:	
Upload comple	eted form with bank back	up to FLC secure web	site http://www.fortlewis.	edu/hrupload	

DO NOT FAX

Entered By:	Date:	Revised: 06/10/20