PAYROLL DIRECT DEPOSIT
$\square$ New $\square$ Change $\square$ Cancel
I hereby authorize The School of VISUAL ARTS (SVA) to deposit my paycheck directly into the account(s) listed below and to initiate (if necessary) debit entries and adjustments for any credit entries transmitted in error to my account.

I agree that this authorization will remain in effect until I provide written notification to SVA terminating this service or until the separation of my employment.

Name (printed)

## Signature

Please choose one of the following options:
$\square$ Deposit entire paycheck in one account.
$\square$ Deposit entire paycheck in two or more accounts.
$\square$ Partial deposit/check. Indicate the dollar amount to be deposited in an account(s) below and receive a check for the remaining balance.

| $\mathbf{1} \quad \square$ Savings $\square$ Checking/MMA |
| :--- | :--- |
| $\square$ Deposit Paycheck (or remaining balance if splitting |
| your deposit between two or more accounts) |
| Account No. $\quad \square$ |
| Name on the Account $\quad$ |
| Bank |
| Bank Routing No. |


| $\mathbf{3}$ |
| :--- |
| $\square$ Deposit Fixed Amount $\quad \square$ |
| Account No. $\quad \square$ Savings $\square$ Checking/MMA |
| Name on the Account |
| Bank |
| Bank Routing No. |


| $\mathbf{2}$ | $\square$ Savings | $\square$ Checking/MMA |
| :--- | :--- | :--- |
| $\square$ Deposit Fixed Amount \$__ |  |  |
| Account No. $\quad \square$ |  |  |
| Name on the Account |  |  |
| Bank |  |  |
| Bank Routing No. |  |  |


| $\mathbf{4}$ |
| :--- | :--- |
| $\square$ Deposit Fixed Amount $\quad$Savings $\square$ Checking/MMA <br> Account No. <br> Name on the Account <br> Bank <br> Bank Routing No. |

ATTACH VOIDED CHECK(S) HERE

