



RHODE ISLAND SCHOOL OF DESIGN

Payroll Direct Deposit Authorization Form

RISD offers full direct deposit only, no balances as live checks. Specify dollar amount, not percentages of pay.

REQUIRED: Full bank account number(s) and routing number(s). *For checking* please provide void check (or copy of check not deposit slip). *For savings* accounts, please provide bank statement (blocking out personal information) and routing number (which is not supplied on statement), or official bank communication containing account and routing number.

Return form to Payroll Office.

Note: Please notify the Payroll Department immediately if your account is cancelled or banking information is compromised or stolen.

Employee Name (printed): _____ Date: _____

Signature: _____ Employee ID#: _____

ACCOUNT #1:

Please check appropriate item below:

- checking new account (prenote processing performed)
- savings reinstate account (for returning PT Faculty members)
- delete account full deposit / or balance
- partial deposit amt. \$ _____
- change amount from \$ _____ to \$ _____

REQUIRED Bank Information:

Bank Name: _____

Account Number: _____

Routing Number: _____

ACCOUNT #2:

Please check appropriate item below:

- checking new account (prenote processing performed)
- savings reinstate account (for adjunct faculty members)
- delete account full deposit / or balance
- partial deposit amt. \$ _____
- change amount from \$ _____ to \$ _____

REQUIRED Bank Information:

Bank Name: _____

Account Number: _____

Routing Number: _____

ACCOUNT #3:

Please check appropriate item below:

- checking new account (prenote processing performed)
- savings reinstate account (for adjunct faculty members)
- delete account full deposit / or balance
- partial deposit amt. \$ _____
- change amount from \$ _____ to \$ _____

REQUIRED Bank Information:

Bank Name: _____

Account Number: _____

Routing Number: _____