



Employee Direct Deposit Authorization Agreement

I hereby authorize the Boston Architectural College (BAC) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by BAC to my account. In the event that BAC deposits funds erroneously into my account, I authorize the BAC to debit my account for an amount not to exceed the original amount of the erroneous credit.

Direct Deposit Information

Employee Name (print)		File No.(from top left on Paycheck), or last 4 digits of SSN
<input type="checkbox"/> Begin Deposit	<input type="checkbox"/> Change Information	<input type="checkbox"/> Cancel Deposit

Bank Account 1

Bank Name		City	State & Zip Code
Deposit Code		Account Information	
<input type="checkbox"/> Checking	I wish to deposit _____.00	Entire Net Pay ____	Transit / ABA# _____ Account# _____
<input type="checkbox"/> Savings	I wish to deposit _____.00	Entire Net Pay ____	Transit / ABA# _____ Account# _____

Bank Account 2

Bank Name		City	State & Zip Code
Deposit Code		Account Information	
<input type="checkbox"/> Checking	I wish to deposit _____.00	Entire Net Pay ____	Transit / ABA# _____ Account# _____
<input type="checkbox"/> Savings	I wish to deposit _____.00	Entire Net Pay ____	Transit / ABA# _____ Account# _____

Bank Account 3

Bank Name		City	State & Zip Code
Deposit Code		Account Information	
<input type="checkbox"/> Checking	I wish to deposit _____.00	Entire Net Pay ____	Transit / ABA# _____ Account# _____
<input type="checkbox"/> Savings	I wish to deposit _____.00	Entire Net Pay ____	Transit / ABA# _____ Account# _____

This authorization is to remain in full force and effect until BAC and BANK have received written notice from me of its termination in such time and in such time and manner as to afford BAC and BANK a reasonable opportunity to act on it.

Employee Signature

Date