

# COLGATE UNIVERSITY

## DIRECT DEPOSIT AUTHORIZATION FORM FOR STUDENTS

This authorization will remain in effect until the Payroll Dept. receives written notification to end this service.

DATE: \_\_\_\_\_

### STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Colgate Id# \_\_\_\_\_

Signature: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION:

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
(9-digit number) (not the 16 digit debit card number)

Account type (circle one):    checking    or    savings

Attach a voided check here  
(OPTIONAL)

RETURN COMPLETED FORM TO THE OFFICE OF ACCOUNTING & CONTROL - PAYROLL

Payroll Dept. Use:    Completed by: \_\_\_\_\_    Date Completed: \_\_\_\_\_