

Payroll Allocation Form-DIRECT DEPOSIT

Please check one:

New Setup
 Change of Account
 Cancellation

Employee Information:

Employee Name (printed): _____

Employee @ Number: _____

Account Information:

Name of Financial Institution: _____

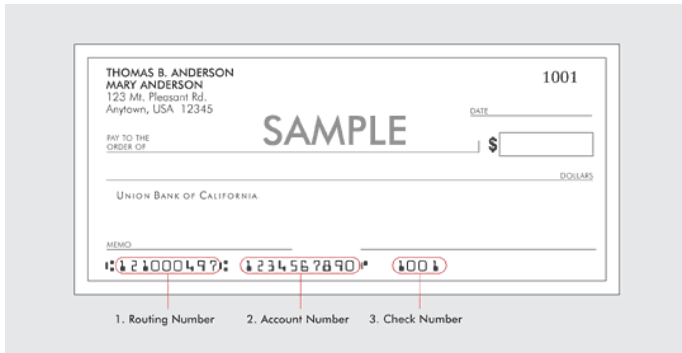
Please choose one:
 Checking
 Savings

Routing Number:

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Account Number:

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To the left is a sample check for your reference when filling out this direct deposit form.

PLEASE ATTACH A VOIDED CHECK

IMPORTANT Please read and sign before submitting to Payroll.

I hereby authorize the Fashion Institute of Technology (FIT) to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize the financial institution to accept and to credit any credit entries indicated by FIT to my account. In the event that FIT deposits funds erroneously into my account, I authorize FIT to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until FIT has received notice from me of its termination in such time and in such manner as to afford FIT reasonable opportunity to act on it.

It will take two pay periods for direct deposit to go into effect.

Employee Signature: _____

Date: _____