



Beyond Boundaries

Direct Deposit Authorization Form

IMPORTANT: All information is required to process direct deposit.



The following amounts will be deducted from your paycheck **each pay period**:
Your name must appear on the account designated below and the attached voided check.

<input type="checkbox"/> Begin	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	\$ Amount or %
<input type="checkbox"/> Direct Deposit #1 *Financial Institution Name: _____ Account No.: _____ Routing Number: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account			\$ _____ % _____
<input type="checkbox"/> Direct Deposit #2 *Financial Institution Name: _____ Account No.: _____ Routing Number: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account			\$ _____ % _____
<input type="checkbox"/> Direct Deposit #3 *Financial Institution Name: _____ Account No.: _____ Routing Number: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account			\$ _____ % _____

**Financial institutions include banks, savings and loans, credit unions, and investment accounts.*

I hereby authorize Paycom to deduct from my paycheck the noted amounts **EACH PAY PERIOD** and to initiate adjustments if necessary for any entries made in error. Any changes must be in writing on the Direct Deposit Authorization form.

Further, I agree not to hold Paycom, nor Pfeiffer University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Pfeiffer University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

PRINT NAME: _____

Signature: _____ Date: _____

Social Security Number _____ - _____ - _____

****Please attach one of the following for each direct deposit:**

- a voided **check** or copy of a **check**
- a copy of the Financial Institution Identification Card or Letter (for savings accounts)

Note: Incomplete or unacceptable information will delay the start of your direct deposit(s).