THE NEW SCHOOL
A UNIVERSITY

Direct Deposit Form

Payroll Department

80 Fifth Ave., 4th Floor - New York, NY 10011
Phone (212) 229-5674 x4963 Fax (212) 229-1323

INSTRUCTIONS:

1. Determine where you want your paycheck deposited. You may have it deposited in almost any existing bank account**.
2. Provide information Request, Employee Information and Financial Account Information.
3. Read and sign Authorization section.
4. Return completed *Direct Deposit* form and void check or savings account deposit slip to Payroll.

Please allow up to one month for your direct deposit to become effective, during which time you will receive a check as payment for wages.
In the event of change to your account information, please advise Payroll at x4963 or PayrollHelp@newschool.edu as soon as possible.

Bank of America offers Free Checking to New School employees that sign up for Direct Deposit. Contact Payroll for more information.

REQUEST

☒ Start Direct Deposit ☐ Change of Direct Deposit information ☐ Termination of Direct Deposit

EMPLOYEE INFORMATION

Name: _____
Last First Middle

Social Security Number: _____

Home Address: _____
Street Address Apt. No.

_____
City State Zip Code

FINANCIAL ACCOUNT INFORMATION

Name of Financial Institution:	Check One: ☐ Checking Account ☐ Savings Account
Branch Address	
Deposit Account Number	ABA Number

Your ABA number appears at the bottom of your checks between the markings indicated above. For existing checking account, attach a personal check with the word "VOID" written in large letters in ink across the face of it. Do not sign the check.

AUTHORIZATION

I authorize The New School to distribute my earnings as indicated above, and agree that the University may withhold a sufficient amount to cover obligations which may be due or become due the University whether by contract, lease, under its rules and regulations or otherwise.

If I have chosen direct deposit, I authorize New School to direct my payments and crediting my account indicated at the financial institution designated above and to initiate, if necessary, to debit entries and adjustments for any credit entries made in error to my account.

This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that I must give advance notice to allow reasonable time for my request to be executed. I understand that the financial institution designated or New School University reserves the right to cancel this agreement by sending a notice to me.

Signature _____ **Date** _____

E-Mail: PayrollHelp@newschool.edu
WebPage: www.newschool.edu/admin/treasurer/payroll/