

Name:	Banner ID:
Employing Department:	Email Address:
I hereby authorize Illinois Institute of Technology Payr	roll Services to:
START New Direct Deposit	
STOP All Direct Deposit	
CHANGE my Direct Deposit as follows:	
	tly active direct deposit allocations). Fill in each
line of bank information to show how yo Add new account(s) (existing accounts	
	remain unchanged). You MUST have a primary account
<u>Change amount to be deposited into se</u>	
banking information may take up to two pay periods provid your account will "pre-note" and your check will be mailed Once direct deposit becomes active, your pay stub can be vi	to your permanent address during the pre-note process.
Primary Account (Required): The amount of deposit to the	he Primary Account is your net nay less any direct deposit
Primary Account (Required): The amount of deposit to the secondary account(s) listed below: Bank Name:	100 % of Net Pay
the secondary account(s) listed below: Bank Name:	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info)
the secondary account(s) listed below: Bank Name:	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info)
the secondary account(s) listed below: Bank Name: Bank Routing Number: (MUST be 9 digits)	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info)
the secondary account(s) listed below: Bank Name: Bank Routing Number:	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info)
the secondary account(s) listed below: Bank Name: Bank Routing Number: (MUST be 9 digits) Secondary Account for Deposit (Optional):	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info) Account Number:
the secondary account(s) listed below: Bank Name: Bank Routing Number: (MUST be 9 digits)	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info) Account Number: OR PERCENT OF NET PAY: %
the secondary account(s) listed below: Bank Name: Bank Routing Number:(MUST be 9 digits) Secondary Account for Deposit (Optional): Amount to be deposited each pay period: \$ Bank Name:	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info) Account Number:
the secondary account(s) listed below: Bank Name:	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info) Account Number:
the secondary account(s) listed below: Bank Name: Bank Routing Number: (MUST be 9 digits) Secondary Account for Deposit (Optional): Amount to be deposited each pay period: \$	100 % of Net Pay Checking: / Savings: (attach voided check or other bank info) Account Number: OR PERCENT OF NET PAY: % Checking: / Savings: (attach voided check or other bank info) Account Number: % Account Number: // Savings: (attach voided check or other bank info) Account Number: // Savings: (attach voided check or other bank info) Account Number: // Account Number:

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify Payroll Services before I close any/all account(s) listed above while this authorization is in effect.

Send completed forms to: Illinois Institue of Technology Payroll Office, 3300 S. Federal Room 205, Chicago, IL 60616

Signature: