



WPI

Direct Deposit Authorization

100 Institute Road
Worcester, MA 01609-2280, USA
Fax 508-831-5715
www.wpi.edu/Admin/Payroll/

Employee Name _____

New Authorization

Employee ID # _____

Change

Phone# / E-mail _____

Cancel

Department _____

A/P Payroll

NET PAY DEPOSIT

Bank Name _____

Transit Routing # _____ Account # _____
(First 9 digits on your check)

Checking Savings

FIXED AMOUNT TO BE DEPOSITED

Bank Name _____ Amount \$ _____

Transit Routing # _____ Account # _____

Checking Savings

FIXED AMOUNT TO BE DEPOSITED

Bank Name _____ Amount \$ _____

Transit Routing # _____ Account # _____

Checking Savings

Please Note:

1. A voided check must accompany this form for verification purposes for checking accounts.
2. Banks require one pay period pre-notification before an actual direct deposit occurs.
3. During this pay period a "LIVE" check will be produced and held in Payroll for pick up.
4. Payroll MUST be notified prior to closing your account in order to stop a deposit to a closed account.

I authorize WPI to Direct Deposit my compensation to the banks provided each pay period. If funds to which I am not entitled are deposited to my account(s), I authorize WPI to direct the bank(s) to return the funds.

Employee signature _____ Date _____