

<input type="checkbox"/> NEW Direct Deposit	<input type="checkbox"/> CHANGE direct deposit		
Student ID #:	First Name:	MI:	Last Name:

As a condition of employment and reimbursement of expenses, students are required to accept ACH direct deposit for payroll and reimbursements of approved expenses. The College will deposit the funds directly into the bank account of your choice.

Complete this section for deposits to CHECKING or MONEY MARKET accounts:

Deposit to my **CHECKING** or **MONEY MARKET** account (my name is on this account)

I am ATTACHING (check one and STAPLE HERE)

a **PHOTOCOPY** of a **CHECK** marked "**VOID**" with my preprinted name and current address

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an official **BANK FORM** which provides my account number and the bank routing number

Complete this section for deposits to SAVINGS accounts:

Deposit to my **SAVINGS** account (my name is on this account)

I am ATTACHING (check one and STAPLE HERE)

an official **BANK FORM** which provides my account number and the bank routing number

a **DEPOSIT SLIP** with pre-printed bank routing and savings account number

PLEASE NOTE:

Olin College will transmit your payments electronically based on the information you have provided. If a payroll transmission fails because you have given incorrect or outdated information, Olin College will provide a replacement payment **AFTER** a refund is received from our payroll company. It is important that you provide correct account and bank routing numbers and that you notify Financial Affairs immediately of any changes.

Please allow 10 days for Olin College to process any changes to your bank account information.

IAT (International ACH Transactions) Payee Statement: I acknowledge that ACH electronic payments to designated financial institution accounts must comply with the provisions of U.S. Law, as well as the requirements of the U.S. Office of Foreign Assets Control (OFAC). I affirm that ACH electronic payment originated by Olin College to the credit of my designated financial institution accounts are not subject to being subsequently transferred to a foreign bank account, or if subject to being transferred to a foreign bank account(s), it is not the full amount of the originated ACH electronic payment.

I affirm that the above IAT Payee Statement is correct and I authorize Olin College to initiate direct deposit entries, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing or submit new bank information.

SIGNATURE:	DATE:
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For Financial Affairs Use:

<input type="checkbox"/> Entered in AP system	Date: _____	Initials: _____
<input type="checkbox"/> Entered in PR system	Date: _____	Initials: _____