

KNOX COLLEGE
Galesburg, Illinois 61401

**PAYROLL DIRECT DEPOSIT
AUTHORIZATION FORM**

Employee

Student

Name: _____ ID# _____

I authorize Knox College and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the payroll department.

Signature: _____ Date _____

Account Type: Checking Savings

Account Number: _____ Bank Routing Number: _____

Financial Institution: _____

Location (Branch): _____ *Phone Number: _____

City: _____ State: _____

**providing your institutions telephone number will help to speed up the processing of your request.*

*Attach a
voided check,
savings deposit
slip here:*

***** to be completed by Payroll Office*****

entered by: _____ date: _____

prenotification processed on _____ by _____

first payroll w/ direct deposit: _____