



MERRIMACK COLLEGE

DIRECT DEPOSIT REQUEST

Name _____ Department _____

Address _____ Administration

_____ Faculty

_____ Staff

_____ Student

DIRECT DEPOSIT AUTHORIZATION

You may select up to four accounts. Please note that the bank transit number and checking account number is imprinted at the bottom of your checks. You can also obtain this information by calling your bank.

1. Bank Name/City/State _____

Routing/Transit # _____ Account # _____

Checking Savings I wish to deposit \$ _____ or Entire Net Amount

2. Bank Name/City/State _____

Routing/Transit # _____ Account # _____

Checking Savings I wish to deposit \$ _____ or Entire Net Amount

3. Bank Name/City/State _____

Routing/Transit # _____ Account # _____

Checking Savings I wish to deposit \$ _____ or Entire Net Amount

4. Bank Name/City/State _____

Routing/Transit # _____ Account # _____

Checking Savings I wish to deposit \$ _____ or Entire Net Amount

SIGNATURE _____ **DATE** _____