



Molloy College Direct Deposit form

Staff / Admin

Employee: _____ , _____
Last Name First Name

Faculty

Department: _____ Extension: _____

Work Study

Account # 1

Bank: _____

Routing #: _____

Account #: _____

Checking Savings

Full Amount Partial Amount \$ _____

- NEW Account
- Cancel Account
- Change Account
- Add Account

Account # 2

Bank: _____

Routing #: _____

Account #: _____

Checking Savings

Partial Amount \$ _____

- NEW Account
- Cancel Account
- Change Account
- Add Account

Account # 3

Bank: _____

Routing #: _____

Account #: _____

Checking Savings

Partial Amount \$ _____

- NEW Account
- Cancel Account
- Change Account
- Add Account

Signature: _____

Date: _____

Rev 10-12-17

*****Please attach a voided check**