



Marietta College

215 Fifth Street
Marietta, OH 45750

AUTHORIZATION OF DIRECT DEPOSIT OF PAY

By signing below, I authorize Marietta College to deposit my payroll into the following account at the financial institution named below by automatic transfer. This authorization will remain in effect until canceled by me in writing.

**PLEASE ATTACH A VOIDED CHECK (Checking Account) OR
DEPOSIT TICKET (Savings Account) TO THIS FORM.**

Financial Institution Name: _____

Financial Institution Address: _____

City, State, Zip: _____

Transit Routing No.: _____

Bank Account No.: _____

Checking Savings

Employee Name (Please Print): _____

Employee Signature: _____

Social Security: _____

Witness: _____