

Direct Deposit

Name _____ HC ID# _____

Bank Name _____

Routing # _____ Account # _____

Circle One Checking Savings

Signature _____ Date _____

Please allow 2 pay periods to take effect. A live check will be issued.
Questions please contact the Payroll Office at ext. 2331

Return Completed form to:
College of the Holy Cross
Payroll Office/O'Kane 159
One College Street
Worcester, MA 01610

Paystubs will be available on self service