

Direct Deposit

Name _____ HC ID# _____

Bank Name _____

Routing # _____ Account # _____

Circle One Checking Savings

Would you prefer: **This section is for Non-Exempt employees only**

Printed paystub _____ Electronic paystub _____

(Electronic will be chosen if left blank)

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