



Paine College

Automatic Work Study Direct Deposit Authorization

Please complete and return to the Financial Aid Office along with a **voided check** or bank direct deposit form.

Note: Please does not use a savings account deposit slip; the routing number will reject and the funds will not be deposited.

Employee Name _____

Financial Institution _____

Routing Number _____ Account Number _____

Checking

Savings

I authorize Paine College and the Financial Institution above to credit my account for direct deposit of work study and if necessary, initiate adjustments for credits made in error. This authorization will remain in effect until I have canceled in writing.

Signature _____

Date _____