

Dear Employee,

Winthrop University requests that all employees have their payroll amount direct deposited into the bank account(s) of their choice. Please complete the information below to indicate where to deposit the payroll amount. A voided personal check or bank documentation must be attached in order to verify the pertinent bank information.

Winthrop employees who do not currently have a bank account may contact the Payroll Office, Room 119, Tillman Hall, 803/323-2600 ext. 2271 for additional information. Arrangements for direct deposit must be made within 30 days after hire or notification from the Payroll Office.

Employee Name	Campus ID#	
Name of Bank #1		Checking O Savings
Amount to be deposited each payroll \$		or Entire Check
Name of Bank #2		Checking Savings
Amount to be deposited each payroll \$		
authorize Winthrop University to initiate depalso authorize the banking institution to credit overpayment to my account, I authorize Winth account up to the amount of the overpayment. The authorization below will remain active un	the same amount to s nrop University to mal	uch account(s). In the even ke an adjusting debit entry
From me to terminate.	1	•
	Date	
Signature of Employee	Date	
Signature of Employee Email Address:	Date	