Schoolcraft College — Payroll Direct Deposit Form

Print Name (First Name, Middle Initial, Last Name)	**College ID Number**

☐ **NEW:** Check this box if you are setting up direct deposit for the first time.

☐ **ADD:** Check this box when adding an additional deposit account to your existing payroll profile.

☐ **CHANGE:** Check this box to change your Financial Institution, Account Number or Type of Account. You must complete Step 1a or Step 1b with all updated information.

☐ **CANCEL:** Indicate Financial Institution and Account Number to be cancelled in Step 1b below. A cancellation should take effect with the next pay date.

Step 1a: Staple your VOIDED personal check over the boxes below. Do not attach a deposit ticket, as it may contain internal financial institution reference numbers not applicable for direct deposit purposes.

OR

Step 1b: Provide information below, only if you do not attach a voided check. If you are unsure of your correct Routing Number or Account Number, please contact your financial institution.

Financial Institution	**Routing Number** *(Must be nine digits)*	**Account Number** *(Up to 17 characters. Omit hyphens, spaces and symbols.)*	**Dollar Amt** *or* **ALL**	**Checking** *or* **Savings**

Step 2: Indicate preferred delivery method for your Payroll Direct Deposit Statement.
(Note: If you do not choose, the default will be WebAdvisor.)

☐ **WebAdvisor:** Go to www.schoolcraft.edu, under Quick Links select WebAdvisor, Log In using your existing User ID and Password, then select the **Employees** option. If you do not see this option, contact Payroll at x5368 or x5369.

☐ **Email:** You must provide a password which you will use to open your protected direct deposit statement (Adobe PDF file). You will be sent a test statement which will confirm your email address and password. You must reply to this test in order to begin receiving your direct deposit statement. Note: Your password is case sensitive; please print legibly below.

Email Address: _____ **Password:** _____

I authorize Schoolcraft College to deposit salary owed me by Schoolcraft College, by direct deposit (electronic funds transfer) into the designated financial institution and Account Number. I understand this authorization remains in effect until cancelled by: (a) me; (b) my death or legal incapacity; (c) the financial institution; (d) Schoolcraft College or (e) upon separation. I authorize Schoolcraft College to recover money electronically deposited in my account in error, either by adjusting the account or withholding any future payments. I understand I will be notified in writing by Schoolcraft College if adjustments are being made. Michigan law governs electronic funds transactions in all respects except as otherwise superseded by federal law.
I understand that I will be notified if any rule changes are made that affect me. I have kept a copy of this authorization.

Employee Signature	**Date**	**Work Phone**
		Home Phone