SIENAcollege STUDENT DIRECT DEPOSIT ELECTION FORM

#1 TO ENROLL OR CHANGE ENROLLMENT STATUS.
I hereby authorize Siena College to initiate credit entries (new, change or discontinue) through the Direct Deposit Program to the bank/credit union savings or checking account indicated below, beginning with the ____________ pay date. Please select one election below only. Furthermore, in the event that a credit is made to my account in error, I authorize Siena College to make a correcting entry. Note: This form must be submitted to the Office of Business Affairs at least 3-1/2 weeks prior to the date in which direct deposit is to begin or the effective date of any change. (This is due to the fact that the first pay date (pay date requested) will still be in the form of a check for all new or account number changes to direct deposits and the actual direct deposit will occur with the following pay date. Once established, direct deposit will remain active until the student graduates or completes another form to discontinue enrollment.

Election A:  □ 100% of Net Pay to Bank or Credit Union Name

Checking Account # _________________________________ Savings OR Account # _________________________________

Attach copy of a voided check or bank letter showing the account and routing number.

Election B:  □ Net Pay AND Fixed Amount (two separate transactions)

Net Pay (remainder after fixed amount deposit) to Bank or Credit Union Name

Checking Account # _________________________________ Savings OR Account # _________________________________

Attach copy of a voided check or bank letter showing the account and routing number.

Fixed Amount $ ____________ to Bank or Credit Union Name

Checking Account # _________________________________ Savings OR Account # _________________________________

Attach copy of a voided check or bank letter showing the account and routing number.

Election C:  □ Fixed Amount Only (remainder of net pay to be issued in a payroll check)

Fixed Amount $ ____________ to Bank or Credit Union Name

Checking Account # _________________________________ Savings OR Account # _________________________________

Attach copy of a voided check or bank letter showing the account and routing number.

#2 Are there any further instructions to your financial institution involving payroll amounts being forwarded to another country?  NO_____  YES_____

#3 TO DISCONTINUE ENROLLMENT:
I hereby authorize Siena College to discontinue my enrollment in the Direct Deposit Program with _________ beginning with the ____________ pay date.

Note: This form must be submitted to the Office of Business Affairs at least 1-1/2 weeks prior to the date that direct deposit is to end.

IMPORTANT: The College cannot guarantee that funds will be deposited prior to the first business day following the scheduled pay date. The College will ensure the accurate and timely transmission of credit entries to Key Bank of New York. The College assumes no responsibility as to the distribution of payment to the ACH or to student accounts, but will make every effort possible to ensure that these transactions are processed timely.

__________________________  __________________________
Signature                  Siena ID #

__________________________  _________________
Printed Name               Today’s Date