



**INSTITUTE OF AMERICAN INDIAN ARTS**  
**DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM**

**DATE** \_\_\_\_\_

**EMPLOYEE NAME** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

☐ **Initial Request**    ☐ **Change**

Please accept this form as your authorization to deposit all payroll checks directly to my individual bank account.

I understand that this service is provided as a convenience to me. The Institute shall have no responsibility for the bank's failure to make the deposit to my account or for bank charges relating to the deposit. The Institute's liability is limited to the prompt payment of the amount of net pay.

**I understand it is my responsibility to inform the Human Resources Department of any monies deposited to my account by the Institute which I have not earned or not due to me and. I understand I am liable to the institute for all/any such monies.**

\_\_\_\_\_  
**BANK NAME**

\_\_\_\_\_  
**BANK ADDRESS AND PHONE**

\_\_\_\_\_  
**ACCOUNT NUMBER**

☐ **CHECKING ACCOUNT**

☐ **SAVINGS ACCOUNT**

\_\_\_\_\_  
**ROUTING NUMBER**

Please fill out the above information completely. For deposit to more than one account, please provide the above information for each account on the reverse side of this form.

**PLEASE ATTACH A VOIDED CHECK FOR YOUR ACCOUNT(S)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ADDITIONAL ACCOUNT INFORMATION**

**BANK NAME**

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**BANK ADDRESS AND PHONE**

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**ACCOUNT NUMBER**

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☐

**CHECKING ACCOUNT**

☐

**SAVINGS ACCOUNT**

**ROUTING NUMBER**

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