



Weill Cornell Medical College

DIRECT DEPOSIT FORM

Authorization Agreement for Direct Deposit of Paychecks

I hereby authorize and request Weill Cornell Medical College, hereafter called the MEDICAL COLLEGE, to make payment of any amount owing to me by initiating credit entries to my checking/savings account(s) indicated below in the bank named below, hereinafter called the BANK, and I authorize and request BANK to accept any deposits initiated by the MEDICAL COLLEGE to such account(s) and to credit the same such account(s) without any responsibility for the correctness thereof. In the event of an overpayment in error, I hereby authorize the MEDICAL COLLEGE to initiate correcting entries to my account(s) in the amount of such payment error.

Employee Name: _____

Employee SSN: _____ - or - **Employee Identification Number (EID):** _____

Department: _____ **Telephone #:** _____

(Primary) BANK Name: _____ Employee's Bank Routing/ABA Number: _____ Employee's Bank Account Number: _____
Optional: Please use below to indicate if you wish to split your direct deposit amount between accounts.
(Secondary – OPTIONAL) BANK Name: _____ Employee's Bank Routing/ABA Number: _____ Employee's Bank Account Number: _____ Dollar amount to be deposited to this account: _____

Employee Signature: _____ **Date:** _____

IMPORTANT: In order to process this request and record the bank's identification number, please attach a personal check marked **VOID** and submit together with this form to the **Information Management Services Office:**

Mailing Address
Weill Cornell Medical College
Human Resources Department
Information Management Services
575 Lexington Avenue, Suite 690
New York, NY 10022

WCMC Inter-Office Mailing Address
Human Resources Department
Information Management Services
BOX 59

Fax Number = 646-962-0132

For assistance or questions regarding Direct Deposit, please call the **Information Management Services Office** at **212-746-9001** - please choose **option # 5** from the main menu.