



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: _____
<b>Optional: Please use below to indicate if you wish to split your direct deposit amount between accounts.</b>
(Secondary – <b>OPTIONAL</b> ) 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.