

MOUNT ALOYSIUS COLLEGE ~ PERSONAL DATA FORM

Please Print or Type

New/Original

Address Change

Other Change to Existing Data Sheet

| EMPLOYEE DATA | | | |
|---|--------|--|------------------------------------|
| MR./ MRS./ Ms./ MISS./ DR./ REV./ REV. DR. (CIRCLE APPROPRIATE TITLE) | | SOCIAL SECURITY #: | |
| EMPLOYEE NAME: | | DATE OF BIRTH: | |
| HOME ADDRESS: | | HOME PHONE #: | |
| | | CELL PHONE #: | |
| CITY/STATE/ZIP: | | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO ANSWER | |
| COUNTY: | | MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW | |
| EMERGENCY CONTACTS | | | <input type="checkbox"/> No Change |
| PRIMARY (Relationship _____) | | SECONDARY (Relationship _____) | |
| Name: | | Name: | |
| Phone #: | | Phone #: | |
| Work or Cell Phone: | | Work or Cell Phone: | |
| PAYROLL INFORMATION | | | <input type="checkbox"/> No Change |
| <input type="checkbox"/> PAY CARD | | Please complete Direct Deposit Authorization form and See Payroll Office to complete account paperwork | |
| <input type="checkbox"/> DIRECT DEPOSIT | | Please complete Direct Deposit Authorization form | |
| EDUCATION (HIGHEST DEGREE ATTAINED) | | | <input type="checkbox"/> No Change |
| Name of School: | | | |
| Degree: | Major: | Date Graduated (Month/Year): | |
| CREDENTIALS /LICENSURE | | | <input type="checkbox"/> No Change |
| <i>Complete this section only if you are a licensed professional or possess another professional certification or registration.</i> | | | |
| Description | Number | Exp. Date | State of Issue |
| Description | Number | Exp. Date | State of Issue |

Employee Signature

Date

MOUNT ALOYSIUS COLLEGE
Direct Deposit Authorization

Please select:

_____ New _____ Change _____ Cancel _____ New Setup/Cancel Old

EMPLOYEE NAME: _____ SS# Last 4 Digits _____

Instructions:

Attach a **voided check or deposit slip (or a copy thereof) to this form.** For a savings accounts, attach a preprinted deposit slip or contact your financial instruction for the FULL account number. A test or pre-note is sent through prior to the first direct deposit to your account to ensure accuracy.

Primary Checking:

Bank/Credit Union _____
Account # _____
Routing# _____
Deposit Amount \$ _____

Primary Savings:

Bank/Credit Union _____
Account # _____
Routing# _____
Deposit Amount \$ _____

Other Account

Bank/Credit Union _____
Account # _____
Type of Account _____
Routing# _____
Deposit Amount \$ _____

Pay Card

Financial Institution: Pay Card
Account # _____
Type of Account: Pay Card
Routing# **071922476**
Deposit Full amount due

Direct deposits allocations may be split between multiple accounts held at traditional financial institutions. This is not available if you choose Pay Card. When choosing Pay Card any money due for the pay period will be applied to the Pay Card only.

You may not elect a partial Direct Deposit and a partial “live” check.

I hereby authorize Mount Aloysius College to initiate credit entries and, if necessary, debit entries to withdraw deposits made to my (our) account(s) in error. I understand that this authorization will remain in effect until I complete a new or updated Direct Deposit Authorization. Changes to Direct Deposit must be made in person and be done in a timely manner such that the College and your Financial Institution have a reasonable opportunity to act on your request.

Employee Signature: _____ Date: _____

Direct Deposit Vouchers are available to view and/or print through the InSite Time and Attendance system. Paper copies will not be distributed.