

Office of Financial Aid, Philadelphia College of Osteopathic Medicine

PCOM Direct Deposit Payroll Form

All PCOM employees receive their pay via direct deposit. No paychecks are sent via postal mail. Please complete the second page of this direct deposit form and return it to your respective Financial Aid Office along with your Federal Work Study Award Form.

YOU MUST ATTACH A VOIDED CHECK TO THE DIRECT DEPOSIT FORM!

All scheduled pays are deposited directly into the account you indicate on this direct deposit form.

Paper pay stubs are not produced, but you may review your payroll information within Nucleus in Banner PCOM Web Services:

1. Login to [Nucleus](#).
2. Click on the 'Resources for Employees' tab.
3. Find the Administrative Service (Banner) section at the top of the left-most column. Click on "Click here to:".
4. Click on "Click this link to access Banner PCOM Web Services."
5. Click on "Employee" to access your payroll information.

Complete details on the Federal Work Study program can be read in the [FWS Guide](#).

If you have any questions regarding the Federal Work Study program, please contact your appropriate financial aid office.

PCOM Office of Financial Aid

PCOM 215-871-6170 finaid@pcom.edu

GA-PCOM 678-225-7500 gafinaid@pcom.edu

4190 City Avenue • Philadelphia, Pennsylvania 19131-1693

Payroll Department
215-871-6924

➤ Authorization Agreement for Automatic Deposits

I hereby authorize Philadelphia College of Osteopathic Medicine (PCOM) to initiate credit entries and to initiate, if necessary, debit entries or adjustments for any credit entries made in error to my checking or savings accounts indicated below and the banks named below.

	BANK NAME BRANCH	ACCOUNT NUMBER	ROUTING NUMBER BANK NUMBER	*FIXED/ AMOUNT										
PRIMARY (1) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											
Secondary (2) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											

* ONLY PERTAINING TO INDIVIDUALS WHO CHOOSE MORE THAN ONE ACCOUNT, FIXED AMOUNT, WILL BE DEPOSITED INTO SECONDARY ACCOUNT, PRIMARY ACCOUNT WILL RECEIVE THE REMAINDER OF THE DEPOSIT.

➤ Employee Information

This authority is to remain in full force and effect until PCOM has received written notification from me of termination in such time and manner as to afford PCOM and the bank a reasonable opportunity to act on it.

NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER
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Employee Signature _____ Date _____