

SWARTHMORE COLLEGE
STUDENT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Swarthmore College to initiate payroll, accounts payable or student account refund credit entries (and, if necessary, debit entries or adjustment for any entries in error) to my account at the financial institution indicated below. This authorization is to remain in full effect until the College has received written termination notice from me in such manner as to afford the College a reasonable time to act on it (at least two weeks before my next scheduled payment).

TYPE OF REQUEST: SET UP Direct Deposit (Complete Account information below)
 CHANGE Direct Deposit (Complete Account information below)
 TERMINATE Direct Deposit

ACCOUNT INFORMATION

Please deposit my payroll, accounts payable or student refund payment into the following account:

NAME(S) ON ACCOUNT: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Checking (Attach voided check to this form)
 Savings (Attach savings deposit slip to this form)

NAME OF BANK/CREDIT UNION: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING TRANSIT NUMBER: _____

SIGNATURE/AUTHORIZATION

NAME: (print) _____ CAMPUS PHONE _____

COLLEGE ID # _____

SIGNATURE: _____ DATE: _____

NOTE: It is your responsibility to notify the Human Resources Office (if you are on Payroll) or the Business Office (if you are not on Payroll) prior to closing your bank account or making any changes to where your funds are to be deposited. Please also note, the College cannot send a direct deposit transaction to a foreign bank account.