

SWARTHMORE COLLEGE
FACULTY/STAFF DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Swarthmore College to initiate payroll or accounts payable credit entries (and, if necessary, debit entries or adjustment for any entries in error) to my account(s) at the financial institution(s) 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). Please note, the College cannot send a direct deposit transaction to a foreign bank account.

TYPE OF REQUEST:] SET UP Direct Deposit (Complete Account information below)
] CHANGE Direct Deposit (Complete Account information below)
] TERMINATE Direct Deposit
] DECLINE Direct Deposit of Expense Checks

FIRST ACCOUNT

] I want ALL of my paycheck and/or accounts payable payments deposited to the First Account, OR
] I want \$ _____ from each paycheck deposited to this First Account, and the BALANCE and/or accounts payable payments deposited to the Second 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: _____

SECOND 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: _____

NAME: (print) _____ CAMPUS PHONE _____

Banner ID # _____ PAY SCHEDULE:] Monthly] Bi-Weekly

SIGNATURE: _____ DATE: _____