SWARTHMORE COLLEGE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Swarthmore College to initiate payroll credit entries, 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 Payroll Office and Business Office of Swarthmore 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 regular payday).

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 expense checks deposited to the First Account, OR

[   ]   I want $ _____ from each paycheck deposited to this First Account, and the BALANCE and/or expense checks deposited to the Second Account.

NAME(S) ON ACCOUNT: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: [   ]   Checking   (Attach voided check or savings deposit
                          [   ]   Savings   form, if available)

NAME OF BANK/CREDIT UNION: _____

BANK ROUTING TRANSIT NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___

SECOND ACCOUNT

NAME(S) ON ACCOUNT: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: [   ]   Checking   (Attach voided check or savings deposit
                          [   ]   Savings   form, if available)

NAME OF BANK/CREDIT UNION: _____

BANK ROUTING TRANSIT NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___

NAME: (print) _____   PHONE: _____

College ID #: _____   PAY SCHEDULE: [   ] Monthly   [   ] Bi-Weekly

SIGNATURE: _____   DATE: _____

Rev: May 2023