



VENDOR AUTOMATIC DEPOSIT AUTHORIZATION FOR GRINNELL COLLEGE ACCOUNTS PAYABLE

Please check one:

Enrollment

OR

Change

Please complete:

Company Name

Tax ID#

Address Line 1

Address Line 2

City

State

Zip Code

Contact Name

E-mail Address for Remittance Advice

Phone Number

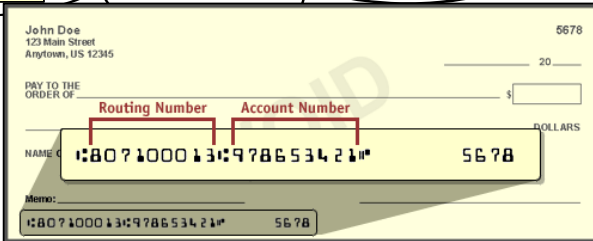
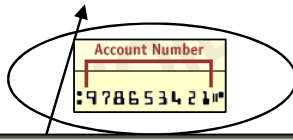
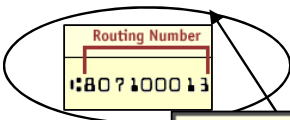
Bank Name

Checking **OR** Savings
(select one)

Bank Routing Number

Bank Account Number

(9 digits)



*******PLEASE NOTE: IT IS VERY IMPORTANT TO USE BANKING INFORMATION FROM AN ACTUAL CHECK DO NOT PROVIDE INFORMATION FROM A DEPOSIT TICKET*******

I hereby authorize Grinnell College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account identified above.

Authorized Signature

Printed Name

Title

Date

PLEASE RETURN THIS FORM TO GRINNELL COLLEGE, ATTN: ACCOUNTS PAYABLE DEPARTMENT
733 Broad Street, Room 0110, Grinnell College, Grinnell, IA 50112.

Internal Use Only