

GRINNELL COLLEGE



FACULTY AND STAFF

AUTOMATIC DEPOSIT AUTHORIZATION FOR GRINNELL COLLEGE ACCOUNTS PAYABLE to be used for employee reimbursements and travel advances

*****PLEASE NOTE THIS INFORMATION IS NOT USED FOR PAYROLL PURPOSES*****

Please check one:

Enrollment
 OR
 Change

Please complete:

Name

College Pioneer One card #

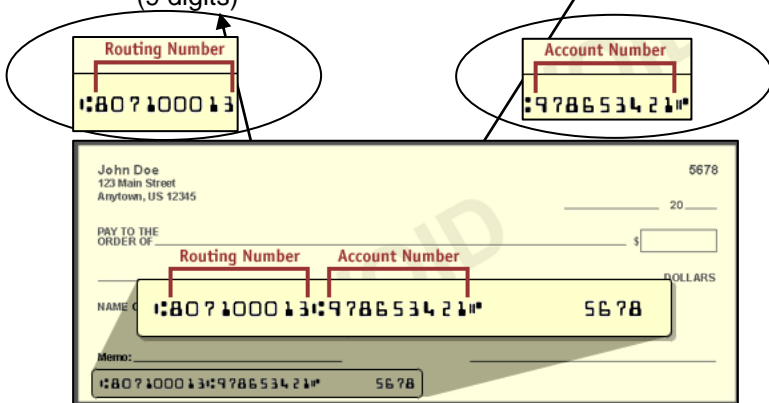
Campus e-mail address will be used for notification of payment

Bank Name

Checking **OR** Savings
 (select one)

Bank Routing Number
(9 digits)

Bank Account Number



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

I authorize Grinnell College to make direct deposit payments to my account listed above. I further authorize debit entries and adjustments for any credit entries made in error to my account. I certify I am the owner, or joint owner, of the account designated and am entitled to provide this authorization. This authorization remains in effect until the College receives written notification from me of its modification. I agree it is my responsibility to contact the Accounting Department immediately if changes occur in my account, i.e., changing from checking to savings, closing the account, changing banks, etc. I cannot hold Grinnell College responsible for my failure to provide timely notification of such changes.

Authorized Signature

Date

Printed Name

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

Internal Use Only

Date Recd _____ Date Input _____