



**BATES COLLEGE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize and request **BATES COLLEGE**, hereinafter called **COLLEGE**, to make payment of any amounts owing to me by initiating credit (direct deposit) entries to my account(s) indicated below in the bank(s) named below, hereinafter called **BANK**. I authorize and request the **BANK** to accept any credit (direct deposit) entries initiated by the **COLLEGE** to such account and credit the same to such account without responsibility for the correctness thereof. In the event of an overpayment or payment in error, I hereby authorize the **COLLEGE** to initiate debit (withdrawal) entries to my account in the amount of such payment in error.

If you have more than one account, circle the letters AP to indicate which account should be used for Accounts Payable purposes. . (Travel and Expense reimbursements)

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ Account Number: _____

Checking Savings Amount: _____ or Entire Check **AP**

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ Account Number: _____

Checking Savings Amount: _____ or Entire Check **AP**

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ Account Number: _____

Checking Savings Amount: _____ or Entire Check **AP**

Note: You may have a maximum of three deposits. **Bank** customers must attach a voided check with this application. **Credit Union** customers must attach a voided check and a deposit slip to this application. Failure to attach necessary documentation may delay the processing of your application.

It is understood that I may terminate this agreement at any time by written notification to the **COLLEGE** or **BANK**. Any such notification to the **COLLEGE** or **BANK** shall be effective at the next payroll cycle.

CHECK ONE: MONTHLY BI-WEEKLY STAFF

Employee Name: _____

(PLEASE PRINT)

Employee Signature: _____

Date: _____