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. (This applies only to accounts that are in my name. I understand that if I list an account that does not belong to me that I will not be able to have the funds returned.)

Bank Name:					
Bank Address:					
Bank Routing Number:			Account Number:		
[] Checking	[] Savings	Amount:	or [] E	ntire Check	
Bank Name:					
Bank Address:					
Bank Routing Number:			Account Number:	Account Number:	
[] Checking	[] Savings	Amount:	or [] E	ntire Check	
Bank Name:					
Bank Address:					
Bank Routing Number:			Account Number:		
[] Checking	[] Savings	Amount:	or [] E	ntire Check	
COMMENTS:					
			any time by written notifica or BANK shall be effective a		
Employee Name	:				
		(PLE	ASE PRINT)		
Employee Signat	ture:				
Rates ID#:			Data		