

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.

Account One:

- Bank Name: _____
- **City & State** where account was opened: _____
- Bank Routing Number: ____ _
(9 Digits) Account Number: _____
(Not your debit card number.)
- Account Type (Circle One): **Checking** **Savings**
- Amount to deposit into this account: _____ **OR** [] Entire Check

Account Two (If applicable):

- Bank Name: _____
- **City & State** where account was opened: _____
- Bank Routing Number: ____ _
(9 Digits) Account Number: _____
(Not your debit card number.)
- Account Type (Circle One): **Checking** **Savings**
- Amount to deposit into this account: _____ **OR** [] Entire Check

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.

Print Name: _____

Signature: _____ Date: _____

Bates ID# _____ Class year: _____

Hiring Supervisor: _____ Department: _____