

**BRYN MAWR COLLEGE
DIRECT DEPOSIT AUTHORIZATION
FOR PAYROLL AND ACCOUNTS PAYABLE DISBURSEMENTS**

PLEASE PRINT CLEARLY

- Original Main Account Request
 Change Current Account Information
 Terminate Direct Deposit Authorization
 Add Additional Account Only *(for Payroll only)*

Bryn Mawr College Affiliation *(check all that apply)*

- Faculty/ Staff Paid Monthly
 Staff Paid Biweekly
 Student Paid Biweekly
 Non-employee Student
- 3rd Party/Outside Vendor

Name (Last, First):	Social Security Number or Bryn Mawr College ID #:
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Main Account (Required): Choose Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Deposits are authorized for Accounts Payable and Payroll)	Financial Institution:	Account Number:
	Routing Number (9 digits):	Amount or Percentage: (indicate \$ amount or %)
Additional Account (Optional): Choose Type: <i>(Available For Additional Payroll Deposit Only)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Financial Institution:	Account Number:
	Routing Number (9 digits):	Amount or Percentage: (indicate \$ amount or %)

Please read the following statements, and give your authorization by signing below.

I authorize Bryn Mawr College to deposit my employment and/or Accounts Payable check into my account(s) identified and held at the Financial Institutions(s) named above, and I attest that such account(s) exist and that the Financial Institution can make deposits without responsibility for correctness of such amounts.

I authorize Bryn Mawr College to revoke any direct deposit in the event the College has erroneously deposited funds into my account.

My authorization will remain in effect until I give written notice to terminate this authorization to the Payroll Office in sufficient time and manner as to allow them to act upon it. In addition, either Bryn Mawr College or the Financial Institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided Bryn Mawr College with a copy of a voided check solely for the purpose of verifying my checking account number and Financial Institution's routing number. In lieu of a voided check, I have attached a photocopy of the top portion of my bank account statement to verify my account number.

I understand that Accounts Payable checks will only be deposited into the account indicated as Main.

Signature

Date

NOTE: If requesting more than one additional account (for Payroll only), complete a second authorization form with just the additional account information.

FOR CONTROLLER USE ONLY

Pre-note Deposit Entered By/Date _____ (For Payroll)

Pre-note Deposit Entered By/Date _____ (For Accounts Payable)