

WHITMAN COLLEGE
AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSIT

I authorize Whitman College ("the College") to initiate credit entries for my payroll and any other payments and reimbursements into the account indicated below and the Depository Institution to credit the same account. I certify that the financial information contained below is correct and take responsibility for any errors contained in that information. I recognize that failure to update this financial information in a timely manner may cause delays and/or erroneous transmissions. This authorization will remain in effect until the College receives written notification of a change or cancellation.

I authorize the College to initiate credit entries, and if necessary, debit entries and adjustments for any credit or debit entries processed in error to my account and for my financial institution to credit and/or debit the same to each account.

I am a: Student Staff/Faculty Other (check one please)

This authorization is effective as of: _____ (date)

Signed _____ Date _____

Print Your Name Here _____ Whitman ID Number _____

*****Please attach one voided check for this account or complete the section below:***

Bank Name _____ ___ Checking or ___ Savings?

Routing Number _____ Account Number _____
(Routing #s are always 9 digits)

FACULTY AND STAFF ONLY

If you choose to split your **payroll** direct deposit between two accounts, please attach a voided check for this account or complete the section below:

Bank Name _____ ___ Checking or ___ Savings?

Routing Number _____ Account Number _____

Amount to Deposit _____ (Remainder will be deposited into above account)