

# BRYN MAWR COLLEGE DIRECT DEPOSIT AUTHORIZATION

New     
  Change Current Information     
  Add Additional Account (for paychecks only)     
  Terminate Direct Deposit

**Bryn Mawr College Affiliation.** Please check one and provide your Bryn Mawr ID number if you check "Faculty/Staff/Student".

Faculty/Staff/Student     
  Other  
 Bryn Mawr ID Number \_\_\_\_\_  
 Name (Last, First) or Corporate Name \_\_\_\_\_

<b>Main Account (Required)</b>		
<b>Choose Type:</b>		
Checking	Name of Financial Institution _____	Account Number _____
Savings	Routing Number (9 digits) _____	Amount \$\$ or Percentage % _____
<b>Additional Account (Optional/Payroll Only)</b>		
<b>Choose Type:</b>		
Checking	Name of Financial Institution _____	Account Number _____
Savings	Routing Number (9 digits) _____	Amount \$\$ or Percentage % _____
<b>Additional Account (Optional/Payroll Only)</b>		
<b>Choose Type:</b>		
Checking	Name of Financial Institution _____	Account Number _____
Savings	Routing Number (9 digits) _____	Amount \$\$ or Percentage % _____

**NOTE:** For additional payroll deposit accounts, please complete a second form and list only the additional account information.

**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.

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

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 Payroll to act upon it. In addition, either Bryn Mawr College or the Financial Institution may 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 all payments made to me by the College will be directly deposited until this direct deposit authorization is terminated by me or the College.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**CONTROLLER'S USE ONLY**

Pre-note      Entered by/date \_\_\_\_\_      (For Payroll) \_\_\_\_\_

ID verified      Entered by/date \_\_\_\_\_      (For Accounts Payable) \_\_\_\_\_