



AUTHORIZATION FOR DIRECT DEPOSIT-Student

Please note: If you have already submitted direct deposit information, it is not necessary to resubmit unless you wish to change your election or banking information. Thank You

Printed Name

College Pioneer One Card #

Please check one

Enrollment or Change

Account

Name of Bank _____

Bank Account Number _____

Bank Routing Number _____
(9-digit number on bottom of check)

Type of Account ___ Checking ___ Savings

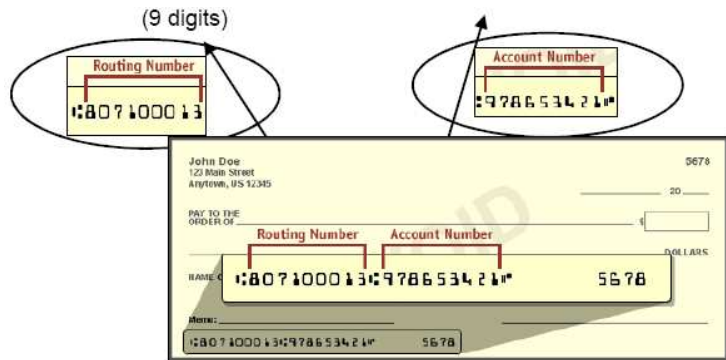
Notification of reimbursement payment from Accounts Payable will be sent to your college email address at the time of payment.

Notification of Payroll payments will be sent to your campus mailbox on the 15th and 30th of each month.

I authorize Grinnell College to make direct deposit payments for both Payroll (including any Federal Work Study wages) and Accounts Payable items to my account listed above. I further authorize debit entries and adjustments for any credit entries made in error to my account. I certify that I am the owner, or joint owner, of the account designated and am entitled to provide this authorization. This authorization remains in effect until the college receives written notification from me of its modification. I agree that it is my responsibility to contact the Accounting Office immediately if changes occur in my account. i.e., switching account from checking to savings, closing account, changing banks, etc. I cannot hold Grinnell College responsible for my failure to provide timely notification of such change.

Signature

Date



PLEASE ATTACH A VOIDED CHECK-

*******It is very important to use banking information from an actual check.
Do not provide information from a deposit ticket*******

Internal Use Only

Date Recd _____

Date Input (A/P) _____

Date Input (Payroll) _____