

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize **PIEDMONT COLLEGE** to initiate automatic deposits to my account at the financial institution named below. In the event a credit is made to my account in error, I authorize **PIEDMONT COLLEGE** to make a correcting entry under the condition that I am notified of said adjustment.

Further, I agree not to hold **PIEDMONT COLLEGE** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **PIEDMONT COLLEGE** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check and return this form to the Payroll Department.

RECEIVED BY: _____

DATE RECEIVED: _____