



**AUTOMATIC DEPOSIT AUTHORIZATION FOR GRINNELL COLLEGE ACCOUNTS PAYABLE
to be used for employee reimbursements and travel advances**

*******PLEASE NOTE THIS INFORMATION IS NOT USED FOR PAYROLL PURPOSES*******

Please check one:

Enrollment

OR

Change

Please complete:

Name _____

College Pioneer One card # _____

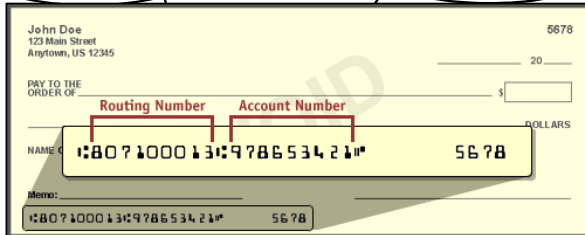
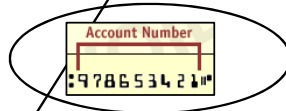
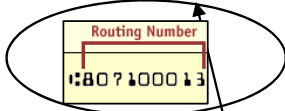
E-mail Address for notification of payment _____

Bank Name _____

Checking **OR** Savings
(select one)

Bank Routing Number
(9 digits)

Bank Account Number



*******PLEASE NOTE: IT IS VERY IMPORTANT TO USE BANKING INFORMATION FROM AN ACTUAL CHECK
DO NOT PROVIDE INFORMATION FROM A DEPOSIT TICKET*******

I hereby authorize Grinnell College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account identified above.

Authorized Signature _____

Date _____

Printed Name _____

*PLEASE RETURN THIS FORM TO GRINNELL COLLEGE, ATTN: ACCOUNTS PAYABLE DEPARTMENT
733 Broad Street, Room 0110, Grinnell College, Grinnell, IA 50112.*

Internal Use Only

Date Recd _____

Date Input _____