

GRINNELL COLLEGE



Payroll Direct Deposit

Please check one

Enrollment or  Change

Account #1

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings I wish to deposit \$ \_\_\_\_\_ or  Net Amount

Account #2 (if applicable)

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings I wish to deposit \$ \_\_\_\_\_ or  Net Amount

Account #3 (if applicable)

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings I wish to deposit \$ \_\_\_\_\_ or  Net Amount

*I hereby authorize the Accounting Office of Grinnell College to deposit my paycheck directly into the above account(s). I understand that my paycheck will be deposited as of the payroll date or the business date closest to the payroll date. I further understand that this order shall remain in effect until rescinded by me in writing.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK**

