



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 authorize Grinnell College to deposit my paycheck directly into the above account(s). I further authorize debit entries and adjustments for any credit entries made in error to my account. I certify that I am the owner of the account(s) designated and am entitled to provide this authorization. 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 I further understand that this order shall remain in effect until rescinded by me in writing.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

