GRINNELL COLLEGE Payroll Direct Deposit Please check one Enrollment or Change Account #1 Bank Name Bank Routing Number Account with to deposit \$______ or Net Amount Account #2 (if applicable) Bank Name Bank Name Bank Name Account with to deposit \$______ or Account #2 (if applicable) Bank Name Bank Name Account Number

Account #3 (if applicable)			
Bank Name			
Bank Routing Number		Account Number	
Checking Savings	I wish to deposit \$_	or	Net Amount

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 I further understand that this order shall remain in effect until rescinded by me in writing.

	(9	digits)	1	
Printed Name	Routing Num	\neg \land \land	Account N	
Signature		John Doe 12) Main Street Anytown, US 12345 PAY TO THE ORDER OF Routing Number	Account Number	5678 20 \$
Date			10978653424#	5678
PLEASE ATTACH A VOIDED CHECK		1:807100013:1978653421	# <u>5678</u>	