

DIRECT DEPOSIT
AUTHORIZATION FORM

I hereby authorize Doane College, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Doane College will notify the employee within 24 hours of any reversing or adjusting entries that will be made, and the reason necessitating the reversal. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. All ACH transactions initiated hereunder are to be governed in all respects by and must comply with the provisions of the U.S. Law.

Date _____	Name _____ (print)
Signature _____	

New information:

Bank Name _____ Rtg # _____
(9 digits)

Account Number _____ Checking Account %100 _____ or \$ _____
 Savings Account %100 _____ or \$ _____

Check here to receive your pay vouchers electronically (view on WebAdvisor)

CHANGES TO CURRENT ACTIVITY:

ADD NEW ACCOUNT

<input type="checkbox"/> Checking Account @ _____	A/C# _____	\$ _____
<input type="checkbox"/> Checking Account @ _____	A/C# _____	\$ _____
<input type="checkbox"/> Savings Account @ _____	A/C# _____	\$ _____
<input type="checkbox"/> Savings Account @ _____	A/C# _____	\$ _____

CHANGE - Change financial institution and/or account number to:

<input type="checkbox"/> Checking Account @ _____	A/C # _____	\$ _____
<input type="checkbox"/> Savings Account @ _____	A/C # _____	\$ _____

DISCONTINUE DEPOSITS TO:

<input type="checkbox"/> Checking Account @ _____	A/C # _____
<input type="checkbox"/> Savings Account @ _____	A/C # _____

<p>Deposit slip <u>ONLY</u> if routing number matches on checks Tape your copy of a check or a voided check here. For new information.</p>
