

DIRECT DEPOSIT
AUTHORIZATION FORM

I hereby authorize Doane College, hereinafter called COMPANY, to initiate credit 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.

To view and print paycheck vouchers, please visit www.doane.edu/wa.

Date _____	Name _____ <small>(please print)</small>
Signature _____	

New Information:

Bank Name _____ Rtg # _____
(9 digits)

Account Number _____

<input type="checkbox"/> Checking Account %100__ or \$ _____
<input type="checkbox"/> Savings Account %100__ or \$ _____

CHANGES TO CURRENT ACTIVITY:

ADD NEW ACCOUNT

Bank Name _____ Rtg # _____
(9 digits)

Account Number _____

<input type="checkbox"/> Checking Account %100__ or \$ _____
<input type="checkbox"/> Savings Account %100__ or \$ _____

DISCONTINUE DEPOSITS TO:

Bank Name _____ Rtg # _____
(9 digits)

Account Number _____

<input type="checkbox"/> Checking Account %100__ or \$ _____
<input type="checkbox"/> Savings Account %100__ or \$ _____

<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>
