

PAYROLL DISTRIBUTION FORM

EMPLOYEE NAME _____

(Please PRINT)

KENYON COLLEGE
Gambier, Ohio

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL

I hereby authorize my employer, KENYON COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below.

ACCOUNT 1

FINANCIAL INSTITUTION NAME *ABA ROUTING NUMBER ACCOUNT NUMBER TYPE OF ACCOUNT

_____ _ CK _ SAV

CITY _____ STATE _____ PERCENT ALLOCATED TO THIS ACCT _____%

ACCOUNT 2

FINANCIAL INSTITUTION NAME *ABA ROUTING NUMBER ACCOUNT NUMBER TYPE OF ACCOUNT

_____ _ CK _ SAV

CITY _____ STATE _____ PERCENT ALLOCATED TO THIS ACCT _____%

* Nine digit number that appears on the bottom of a check or deposit slip.

This authority is to remain in full force until KENYON COLLEGE has received written notification from me of its termination in such timely manner as to afford KENYON COLLEGE and its FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE _____ SIGNATURE _____

Employee

Include a voided check or deposit slip with this authorization form. If you are using two accounts be sure the two percentages total 100%.