



Payroll and Reimbursement Information: Direct Deposit Authorization

Name: Last, First, M.I.

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. Non Payroll deposits (expense reimbursements, etc.) will default to your primary account. Please scan a voided check or deposit slip with this authorization.

Primary Account: Financial Institution Name

Primary: *ABA Routing Number

Primary: Account Number

Primary: City, State

Primary: Account Type

Primary: Percentage Allocated to this Account:

Checking

Savings

.....
Secondary Account: Financial Institution Name

Secondary: *ABA Routing Number

Secondary: Account Number

Secondary: City, State

Secondary: Account Type

Secondary: Percentage Allocated to this Account

Checking

Savings

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