

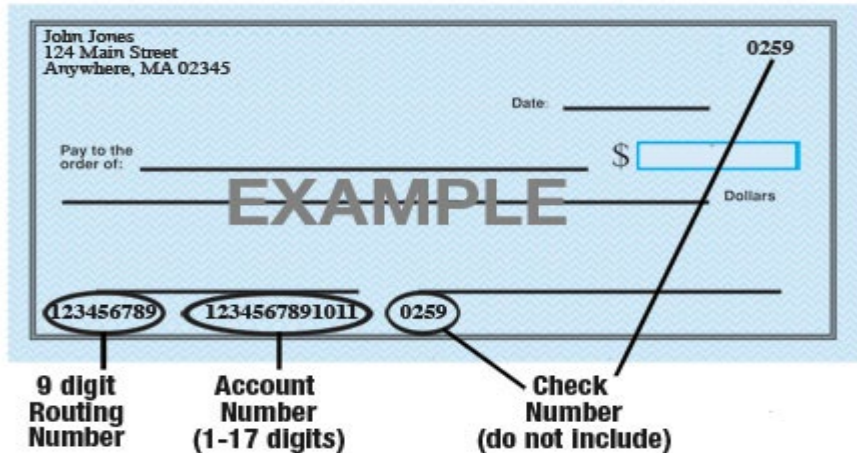
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Attach a voided check for each bank account to which funds should be deposited (if necessary)

1. Name of Bank: _____

Account # _____ 9 Digit Routing # _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

2. Name of Bank: _____

Account # _____ 9 Digit Routing # _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

3. Name of Bank: _____

Account # _____ 9 Digit Routing # _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Important! Please read and sign before completing and submitting.

Hendrix College is hereby authorized to directly deposit my pay to the account(s) listed above. In the event that Hendrix College deposits funds erroneously into my account, I authorize Hendrix College to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____ Date: _____

