BRYN MAWR COLLEGE
DIRECT DEPOSIT AUTHORIZATION
FOR PAYROLL AND ACCOUNTS PAYABLE CHECKS

PLEASE PRINT CLEARLY

☐ New   ☐ Change Account Information   ☐Terminate Direct Deposit   ☐ Add Secondary Account *(for payroll only)*

Bryn Mawr College Affiliation *(check all that apply)*
☐ Staff Paid Biweekly   ☐ Faculty/Staff Paid Monthly   ☐ Non-Employee/3rd Party Vendor   ☐ Student

Name (Last,First):	Social Security Number or Bryn Mawr College ID #

Primary Account Type ☐ Checking ☐ Savings	Financial Institution:	Account Number:
	Routing Number (9 digits):	Amount or Percentage: (indicate $ or %)
Secondary Account Type *(Available For Payroll Only)* ☐·Checking ☐·Savings	Financial Institution:	Account Number:
	Routing Number (9 digits):	Amount or Percentage: (indicate $ or %)

Please read the following statements, and give your authorization by signing below.

        I authorize Bryn Mawr College to deposit my employment and/or Accounts Payable check into my account(s) identified and held at the Financial Institutions(s) named above, and I attest that such account(s) exist and that the Financial Institution can make deposits without responsibility for correctness of such amounts.
        I authorize Bryn Mawr College to revoke any direct deposit in the event the College has erroneously deposited funds into my account.
        My authorization will remain in effect until I give written notice to terminate this authorization to the Payroll Office in sufficient time and manner as to allow them to act upon it. In addition, either Bryn Mawr College or the Financial Institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.
        I have provided Bryn Mawr College with a copy of a voided check solely for the purpose of verifying my checking account number and Financial Institution's routing number. In lieu of a voided check, I have attached a photocopy of the top portion of my bank account statement to verify my account number.
        I understand that Accounts Payable checks will only be deposited into the account indicated as primary.

_____   _____
Signature   Date

FOR COMPTROLLER USE ONLY

☐ Pre-note ☐Deposit   Entered By/Date _____(For Payroll)

☐ Pre-note ☐Deposit   Entered By/Date _____ (For Accounts Payable)