



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Grove City College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credits in error to my ____ Checking or ____ Savings account (select one) indicated below and the bank named below to credit and/or debit the same to such account.

BANK NAME: _____

BANK ADDRESS: _____

BANK TRANSIT/ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until Grove City College and Bank have received written notification from me of its termination in such time and in such manner as to afford Grove City College and Bank a reasonable opportunity to act on it.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Return completed form to the Grove City College Payroll Office along with a voided check:

Intercampus Mail: Payroll Office, Crawford Hall

US Mail: Grove City College
 Payroll Office
 100 Campus Drive
 Grove City, PA 16127

Please contact the Payroll Office at 724-458-3350 if you have any questions.