



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

- Checking
 Savings

Primary: Percentage Allocated to this Account:

Secondary Account: Financial Institution Name

Secondary: *ABA Routing Number

Secondary: Account Number

Secondary: City, State

Secondary: Account Type

- Checking
 Savings

Secondary: Percentage Allocated to this Account

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

If your software does not allow for signatures, please type your initials here in lieu of a signature.