



Guilford COLLEGE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I authorize my employer, Guilford College, to deposit my net payroll earnings to my bank account(s) indicated on this form.

DEPOSITORY (BANK) NAME _____ Phone # _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

CHECKING or SAVINGS AMOUNT \$ _____ or % _____

FOR SPLIT DEPOSITS: (additional account)

DEPOSITORY (BANK) NAME _____ Phone # _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

CHECKING SAVINGS AMOUNT \$ _____ or % _____

This authority is to remain in full force and effect until Guilford College has received **written notification from me of its termination by the 15th of the month before the next pay period and in such manner as to afford the College and DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.**

NAME _____ G# _____
(Please Print)

SIGNATURE _____ DATE _____

Please attach one of your checks marked VOID if a checking account (or have your bank complete the above TRANSIT/ABA No. and Account No. if a savings account) so that there will be no mistake in the magnetic coding identifying your account.

If there are any questions, please feel free to call Pat Anderson at 316-2138.