

**GOSHEN COLLEGE
AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT (ACH CREDITS)**

This authorization is required in order for Goshen College to make payroll deposits directly to your bank account, as well as student financial aid refunds and expense reimbursements.

I hereby authorize Goshen College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ***(select one below)***

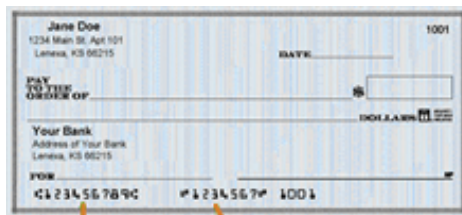
_____ **Checking account** _____ **Savings account**

and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Financial Institution/Bank Name _____

City _____ **State** _____ **Zip** _____

Routing # (9 digits) _____ **Account #** _____



Routing Number Account Number

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

Name _____ **GC ID #** _____
(please print)

Signed _____ **Date** _____

DIRECT DEPOSIT IS NOW REQUIRED!!

*Please fill out and sign the form on the other side
and return it to Jean Yoder in AD10 by October 20.*

Have questions? Call 535-7513.