

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

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: _____

TRANSIT ABA NO. _____ ACCOUNT NO. _____
(nine digit number on the bottom left of your check)

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 Number: _____
(Please print)

Date: _____

Signed: _____

Please attach a voided check for the above checking account or documentation with savings account information.

**Direct deposit happens twice a month on the 15th and 30th day of the month, unless the date would fall on a weekend or holiday. Then the deposit will be made on the prior workday.
Please return this form to Human Resources**