

**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: \_\_\_\_\_

ROUTING NO. \_\_\_\_\_  
*(nine-digit number on the bottom left of your check)*

ACCOUNT NO. \_\_\_\_\_

Amount to be deposited:  Full Net     Partial, specify amount: \_\_\_\_\_  
*(If checked, you must enter additional bank information below)*

Additional account information for partial deposits:

Checking account       Savings account

Financial Institution/Bank Name: \_\_\_\_\_

ROUTING NO. \_\_\_\_\_  
*(nine-digit number on the bottom left of your check)*

ACCOUNT NO. \_\_\_\_\_

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: \_\_\_\_\_  
*(Please print)*

GC ID Number: \_\_\_\_\_  
*(Optional)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a voided check or deposit slip for the above checking account(s) or documentation with savings or checking account information.**

**Direct deposit happens twice a month on the 15<sup>th</sup> and 30<sup>th</sup> 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 the completed form to Human Resources.**