



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Vernon College to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Vernon College to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Vernon College responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Vernon College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Human Resource Office.

Account Information

(1) Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____ Percent to be deposited: _____%

Account Information

(2) Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____ Percent to be deposited: _____%

Signature

Authorized Signature: _____

Print Name: _____

Date: _____

Please attach a voided check(s) and deposit slip(s) and return this form to the Human Resource Office.

9/09