## **BENNINGTON COLLEGE**

## AUTHORIZATION FOR DIRECT DEPOSIT

AUTHORIZATION FOR DI	RECT DEPOSIT	Effective date:
Name:		
Last	First	Middle initial
Bennington College is pleased to direct deposit, please complete t	1 1 7	s to the bank(s) of your choice. To arrange for
<ul><li>Return the completed form t</li><li>Your direct deposit should b</li></ul>	o Payroll. egin the following pay period afte earning statement that shows grou	ount number and bank routing number. er we receive your completed form. On ss pay, taxes, other deductions, and net pay.
** PLEASE NOTIFY PAY	Roll immediately if you close (	DR CHANGE YOUR BANK ACCOUNT **
New enrollment	Change enrollment	Cancel enrollment
initiate, if necessary, debit entrie	s and adjustments for any credit or emain in force until Bennington O	ed below to initiate credit entries and to entries in error to my account(s) indicated College has received written authorization
Name:	Social Securi	ty Number:
BANK #1 Amount of pay to deposit (select one)	: <u>Net Pay</u> Specific \$ amount:	% of check:
Type of account (check one):		
Bank name and address:		
Transit Routing Number (9-digit ABA	number): First group of #s on bottom of chec	ck or deposit form
Account #:	om of check or deposit form	
BANK #2		
		% of check:
Type of account (check one): Ch		
Transit Routing Number (9-digit ABA	First group of #s on bottom of check	ck or deposit form
Account #:		
Second group #s on bott	om of check or deposit form	