



# Direct Deposit Authorization Form

Name \_\_\_\_\_

Reed ID \_\_\_\_\_  Student  Parent  Staff / Faculty  Vendor

I hereby authorize Reed College to initiate direct deposit credit entries for payroll and nonpayroll transactions as indicated below. Nonpayroll transactions include financial aid refunds, expense reimbursements, and accounts payable disbursements. If necessary, debit entries and adjustments may be initiated for any credit entries made in error to my account or accounts listed below.

Bank name: _____	Routing # _____ 9 digits	<b>Select one:</b> <input type="checkbox"/> checking <input type="checkbox"/> savings
	Account # _____	

The account information provided above will be used for all payroll and nonpayroll transactions. If you would like to have nonpayroll transactions deposited to a different account, please indicate below.

Bank name: _____	Routing # _____ 9 digits	<b>Select one:</b> <input type="checkbox"/> checking <input type="checkbox"/> savings
	Account # _____	

I understand it is my responsibility to verify that payments have been credited to my account(s) and that the college assumes no liability for overdrafts for any reason. I understand that in the event that my financial institution(s) is/are not able to deposit an electronic transfer into my account due to any action I take, the college cannot reissue the funds to me until the funds are returned to the college by my financial institution(s).

I understand that this authorization will override any previous authorization and will remain in effect until revoked by my written request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to Reed College Business Office, 3203 SE Woodstock Blvd, Portland OR 97202-8199, by secure upload at <https://filerobot.reed.edu/groups/business-office>.

For inquiries, contact the business office at [business-office@reed.edu](mailto:business-office@reed.edu) or 503/777-7505