



Direct Deposit Authorization Form

Name _____

Reed ID _____ Student Parent Staff / Faculty

I hereby authorize Reed College to initiate direct deposit entries for my personal payroll and non-payroll transactions as indicated below. Non-payroll transactions include financial aid refunds, expense reimbursements, and accounts payables 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 # _____ Account # _____	Select one: <input type="checkbox"/> checking <input type="checkbox"/> savings
Bank name: 	Routing # _____ Account # _____	Select one: <input type="checkbox"/> checking <input type="checkbox"/> savings

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 financial institution(s).

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

Signature _____ Date _____