

To: Whitman College Employees

From: Walter Froese, Controller

Subject: Electronic Payroll Deposit

Federal law requires employees to authorize electronic deposit of payroll checks.

Please complete the authorization form below and return it to the Payroll Office,

Mem 107.

Thank You

**AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYROLL DEPOSIT
AT
WHITMAN COLLEGE**

I, _____, hereby authorize Whitman College to initiate credit entries to my checking____, or savings____, account indicated below and the Depository Institution to credit the same account.

DEPOSITORY INSTITUTION

Bank Name _____ Branch _____

City _____ State _____ Zip _____

This authority is to remain in full force and effect until Whitman College has received written notification from me of its termination in such time and manner as to afford Whitman College a reasonable opportunity to act upon it.

Signed _____ Date _____

Print Your Name Here _____

Print Your Whitman ID Number _____

Please attach one void check for this account for verification or obtain a typed document from your bank to verify the routing number and account. Thank You

Please check one: Faculty___ Staff___ Student___