

AMHERST COLLEGE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Please provide all information requested below. You must attach documentation with your bank account number and the transit routing number on it.*

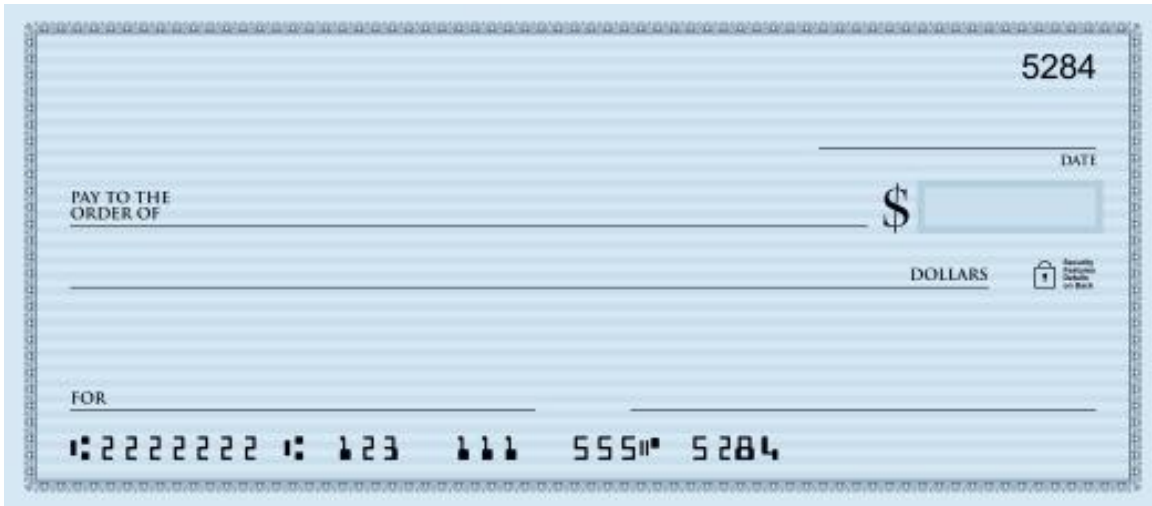
Please check one of the following: New _____ Change _____ Discontinue _____

Please deposit my net pay in the following account (check one):

Checking Account _____ Savings Account _____

Bank Name & Location: _____

Transit Number * _____ Account Number _____



Transit(or Routing) Number (first set) : Account Number (second set) last number : check no.

I hereby authorize Amherst College and the financial institution listed above to deposit my regular paycheck into the account listed above. I understand that Amherst College is not responsible for bank errors, and I hereby authorize adjusting entries as may be required. I have read and understand the Direct Deposit Fact Sheet. This agreement is to remain in full force until Amherst College has received written notification from me of its termination in a timely manner as to afford Amherst College and the financial institution a reasonable opportunity to act on it.

Student Name (please print) _____

Student Signature _____ Date _____

For PR use: Effective Date: ___/___/___ ID Number _____

*Nine-digit number that appears on the bottom of a check and some deposit slips.