

## AUTHORIZATION AGREEMENT DIRECT DEPOSIT OF ACCOUNTS PAYABLE REIMBURSEMENT AND PAYROLL

I hereby authorize Rose-Hulman Institute of Technology to initiate direct deposit of employee accounts payable reimbursement and payroll credit entries and necessary debit entries, reversals, and/or adjustments, not to exceed the amount deposited, to correct deposit errors to my checking and/or savings account(s) at the financial institution specified below. This authority is to remain in full force and effect until Rose-Hulman has received written notification from me of its termination in such time and in such manner as to afford Rose-Hulman and the financial institution a reasonable opportunity to act on it.

- If you change or close your account, you must complete a new Direct Deposit Authorization Agreement
- Make account changes as soon as possible to ensure that your funds are deposited correctly

Printed Name		Date			
Signature					
PLEASE ATTAC	CH A VOIDED C	HECK FOR	EACH ACCO	UNT	
ACCOUNTS P.	AYABLE REIMI	BURSEMEN:	T INFORMA'	TION	
Financial Institution					
(Please check one) Checking Account	Savings Accor	unt 🗌			
Bank Routing #	Ac	ccount #			_
	PAYROLL IN	FORMATIO.	N		
1: Financial Institution					
(Please one) 100% to Account Iden	tified in A/P	Checking A	ccount $\square$	Savings Account	
Bank Routing #	Ac	ecount #			
Amount or Percent of Ne. to be Deposited to T	This Account:	\$	or	%	
Option 2: Financial Institution					
(Please check one) Checking Account	Savings Accor	unt 🗌			
Bank Routing #	Ac	ecount #			
Amount or Percent of Net Pay to be Deposited to T	This Accou	<b>\$</b>	or		_
Option 3: Financial Institution					
(Please check one) Checking Account	gs Accor	unt 🔲			
Bank Routing #	Ac	ecount #			
Amount or Percent of Net Pay to be Derota to T	This Account:	\$	c c	%	
Option 4: Financial Institut		_			
(Please check one) Checking Account	Savings Accor	unt 🗌			
Bank Roy	Ao	ccount #			
or Percent of Net Pay to be Deposited to T	This Account:	\$	or	%	