

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

I, _____, hereby authorize Gordon College to make payment of any wage amounts owed to me by initiating credit to my account as indicated below, in the bank named below. And I authorize the bank to accept any credit entries initiated by Gordon College to such account without responsibility for the correctness thereof.

Bank Name _____
ABA Routing Number _____
Account Number _____ Checking Savings
Amount of Deposit _____
(dollar amount or "net pay")

Signed: _____ **Date:** _____
You must attach a voided blank check or savings deposit slip to this form

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