

**Authorization for Electronic Deposit of Payroll**

*I authorize CARLETON COLLEGE and the financial institution listed below to initiate electronic credit entries (and, in the case of errors, debit entries and adjustments of credit entries) each payday.*

Checking account \_\_\_\_\_ Savings account \_\_\_\_\_ Date \_\_\_\_\_ ID# \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ City, State \_\_\_\_\_

9 digit transit routing # (ABA) \_\_\_\_\_ Your bank account # \_\_\_\_\_

*Your bank information is on your check. Please attach a voided check to this form.*

SAMPLE COPY