

CALVIN COLLEGE STUDENT DIRECT DEPOSIT AUTHORIZATION FORM

Please indicate whether this is the first time you are using direct deposit or if this is a change to an existing direct deposit arrangement. The number of designated accounts cannot exceed three.

New
 Change (if you are changing your direct deposit, please list all existing accounts, including ones that are not changing)

| | | | | | |
|-------------------------------|----------------------|-------------------------|--------------------|----|------------|
| Name of Financial Institution | Branch Name/Location | Checking or Savings (1) | Account Number (2) | \$ | Amount (3) |
|-------------------------------|----------------------|-------------------------|--------------------|----|------------|

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|-------------------------------|----------------------|-------------------------|--------------------|----|------------|
| Name of Financial Institution | Branch Name/Location | Checking or Savings (1) | Account Number (2) | \$ | Amount (3) |
|-------------------------------|----------------------|-------------------------|--------------------|----|------------|

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|-------------------------------|----------------------|-------------------------|--------------------|----|------------|
| Name of Financial Institution | Branch Name/Location | Checking or Savings (1) | Account Number (2) | \$ | Amount (3) |
|-------------------------------|----------------------|-------------------------|--------------------|----|------------|

(1) Any account on which you write checks is considered a "checking" account.

(2) Please attach a deposit slip or a voided check for each account specified so we can verify the account number. Having the correct account number is critical to a successful direct deposit!

(3) If you specify only one account, write "balance" in the amount blank. If you specify more than one account, write a specific dollar amount for the first account(s) and "balance" for the final.

I hereby authorize Calvin College to deposit my net payroll check to the checking and/or savings account(s) indicated above.

Name (please print)

Student ID

Signature

Date