

Westminster College

Direct Deposit Authorization

Name _____ Financial Institution _____

I (We) hereby authorize WESTMINSTER COLLEGE to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Westminster College has received written notification from me (or other account parties) of direct deposit termination. Notification of termination must be submitted at least 10 days prior to the next scheduled disbursement of paychecks.

1. Check the type of account for direct deposit below.

() Checking () Saving

2. Attach a check marked "VOID" below.

Signature _____ Date _____

