



Dartmouth College

Payroll Office
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ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT FOR EMPLOYEE PAYROLL AND EXPENSE REIMBURSEMENTS

Name: _____ DART ID or last 4 digits of SSN _____
(Please print clearly) (Required to process form)

New _____ Change _____ Cancel _____

Effective Date of Change _____

Account 1: Type: Checking _____ Savings _____ Percent/Amt _____

Bank: _____

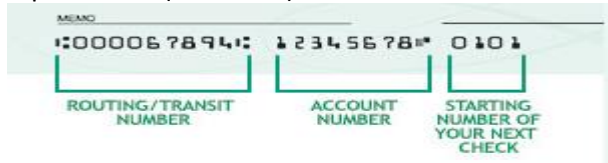
Account No.: _____ Routing No. _____

Account 2: Type: Checking _____ Savings _____ Percent _____

Bank: _____

Account No.: _____ Routing No. _____

For Expense Reimbursements please use (circle one): Account 1 Account 2



*Please attach a voided check(s) for each account (if applicable).
Please allow two pay periods for payroll and A/P reimbursement direct deposit to be effective.*

I hereby authorize Dartmouth College to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my: (select one) Checking Account or Savings Account indicated above, at the depository Financial Institution named above, and to credit or debit the same from such account. I agree that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____