

Champlain College, Burlington, Vermont
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF REIMBURSEMENTS
*(All **BOLD** fields are required)*

Name _____

Last four of SSN: _____

Email address (required) _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip** _____

Bank Name _____ **Branch** _____

Bank Routing Number _____

Account Number _____ **Acct Type (Checking or Sav)** _____

Payment notices will be sent automatically to the email address indicated above.

I hereby authorize Champlain College to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries made in error, to the checking account indicated above. I also authorize the depositories named above to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to the account indicated above must comply with the provisions of U.S. law.

I understand that it is my responsibility to provide correct routing and account numbers and to verify that deposits have been credited to my account, and that Champlain College is not responsible for bank errors, bank fees or overdrafts.

This authorization replaces any previous authorization by me and is to remain in full effect until Champlain College has received notification from me of its termination in writing by mail to the address below that is received at least three (3) days prior to the proposed effective date of the termination of authorization, or until I have been notified of Champlain College's or the financial institution's termination of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in rejection of the electronic funds transfer by my financial institution, I understand Champlain College assumes no responsibility for processing replacement payment until the funds are returned to Champlain College by my financial institution.

Authorized Signature

Date

Please return this form along with a VOIDED CHECK to:

Attn: Joanne Silloway, A/P Mgr.
Champlain College, P.O. Box 670, Burlington, VT 05402