

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT (Please Complete One Form For Each Deposit Request)

Company #: \_\_\_\_\_ Company Name: MARLBORO COLLEGE

entries to my (our) account indicate	ed below in the bank name	e ∋ayment of any amounts owing to n ed below, hereinafter called BANK, a c≎ount and to credit the same to suc	ne (either of us) by initiating credit nd I (we) authorize and request BANK h account without responsibility for the
initiated to my (our) account if prior	to the correcting entry, the correcting entry is transmit	t-> COMPANY for amounts owed it be the COMPANY has sent or delivered to tted in such time as to be delivered or reneous entry.	o me written notice of the correction
Any such notification to COMPANY	' shall be effective only wi t on it. Any such notificati	ion to BANK shall be effective only w	MPANY after receipt of such notification
COMPANY, PayData Payroll Service this plan, arising from any act or on without limitation any claim based of	ces, Inc., each participatir nission by the COMPANY on alleged loss as a result	ng provided for my (our) convenience n⊆ bank and NACHA harmless from a ′ and/or PayData Payroll Services, In t of non-credit of any deposit, and an because of insufficient funds arising	any claim incident to the operation of ic. and their employees, including y claim which may be made by any
ATTACH <b>VOIDED C</b>		OF OF ACCOUNT NUMINSIT NUMBER	MBER AND ROUTING
Employee #: Name of Institution:			
Routing #:	Account #:		
Account Type:	Deposit Options: (Select Only One)		
Checking	Savings	Deposit ENTIRE Net Pay Amount	
		Deposit \$	of Net Pay Each Pay Period
		Deposit	% of Net Pay Each Pay Period
		Cancel Direct Deposit	
Employee Name:			
			<u></u>
	(Plea	se Print)	
Employee Signature: _			
Employee Signature:		Date:	
	(Plea	Date: a≤e Print)	

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