



# Direct Deposit Authorization Agreement

WC ID#

I hereby authorize my employer, Washington College, and the depository institution(s) named, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to the account(s) indicated below. I understand that this authorization of direct deposit is to remain in effect until the Business Office has received written notification from me of termination or change of the account(s) listed in such time and in such manner as to enable (s) to (b) (1) (s) (a) BT 1869.6i) (ste) (d) 7( ) 2(in) 6 2(su) w(b) To b(s) (2(s) to) 9( b) 18(s) (a) BT 1869.6h