PAYROLL DISTRIBUTION FORM

KENYON COLLEGE
Gambier, Ohio

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL

I hereby authorize my employer, KENYON COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below.

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ACCOUNT 1
FINANCIAL INSTITUTION NAME
*ABA ROUTING NUMBER ACCOUNT NUMBER TYPE OF ACCOUNT
_____________________________ __ __ __ __ __ __ __ __ __ __________________ ___ CK  ___ SAV
CITY _________________________ STATE ___________ PERCENT ALLOCATED TO THIS ACCT _____%
ACCOUNT 2
FINANCIAL INSTITUTION NAME
*ABA ROUTING NUMBER ACCOUNT NUMBER TYPE OF ACCOUNT
_____________________________ __ __ __ __ __ __ __ __ __ __________________ ___ CK  ___ SAV
CITY _________________________ STATE ___________ PERCENT ALLOCATED TO THIS ACCT _____%
* Nine digit number that appears on the bottom of a check or deposit slip.
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This authority is to remain in full force until KENYON COLLEGE has received written notification from me of its termination in such timely manner as to afford KENYON COLLEGE and its FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE __________________ SIGNATURE _____________________________________________________

Employee

DATE __________________ SIGNATURE _____________________________________________________

Co-Owner of Account

Include a voided check or deposit slip with this authorization form. If you are using two accounts be sure the two percentages total 100%.

CHOOSE ONE

_____ Please DEPOSIT my payroll check in my account at the financial institution(s) listed above.

NOTE: It is your responsibility to check with your bank on the first scheduled deposit to ensure deposit has been made. Kenyon College is not responsible for returned check charges or any other charges associated with a deposit not made due to banking errors.

_____ Please HOLD my payroll check in the Accounting Office located in the Eaton Center. I will pick it up. ________________ is also authorized to pick up my check.

EMPLOYEE SIGNATURE: ___________________________ DATE: ________________