



Direct Deposit Authorization

This agreement is required to allow GDI to deposit reimbursement payments directly into your bank account (provided your employer and GDI have made this option available).

Please see the instructions and mailing information on the reverse side of this form. Incomplete information will delay or prevent the direct deposit authorization.

► Personal information

Your Employer: **President & Trustees of Bates College**

Your Name: _____

Last 4 digits of SSN/Alternate ID: _____

Daytime Telephone Number: _____

Email Address: _____

► Banking information

Bank Name: _____

Bank Phone Number: _____

Bank City: _____ State: _____

Bank Routing Number (9 digits): _____

Bank Account Number: _____

Account type: Checking or Savings

This is a: New Authorization Account Change Cancellation Request

I authorize Group Dynamic, Inc. to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries for the sole purpose of adjusting any credit entries made in error to my account.

I understand I will receive a paper check until the banking pre-note process has been successfully completed (*approximately two weeks*).

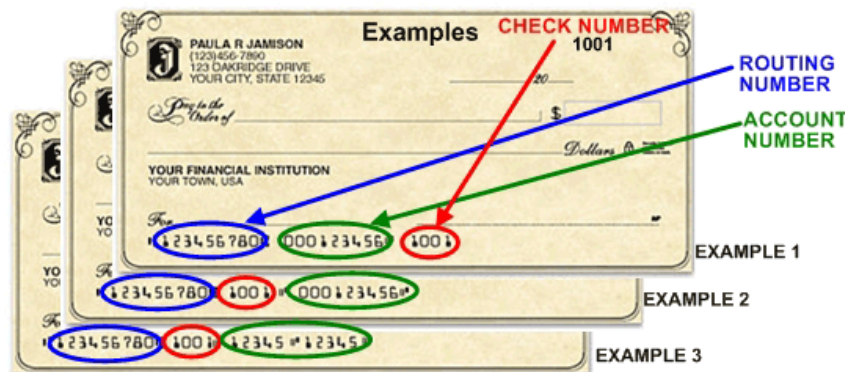
Signature (as on your check/savings account)

Date

Please be assured this information will be held in confidence by GDI

Instructions for Direct Deposit Authorization Form

1. If you are already receiving direct deposit services from GDI, you ***do not*** need to complete a new form. Please complete this form ***only*** if this is your initial authorization or if you want to change or cancel an existing authorization.
2. This request applies to all active accounts that you have with Group Dynamic, Inc.
3. Print clearly and complete ***all*** requested information.
4. Your telephone number and/or email address is requested so that we are able to contact you in the event we have questions about the information on this form.
5. Please include your financial institution's name, phone number, city, and state for verification purposes.
6. For **checking accounts**, attach a copy of a voided check from the appropriate account. Please see the examples below.



7. For **savings accounts**, please verify the routing and account numbers with your financial institution.
8. Completed form and voided check should be returned to GDI using any one of the following methods:
 - a. Mail: 411 U.S. Route One, Falmouth, ME 04105
 - b. Fax: 207-781-3841