

SWARTHMORE COLLEGE
CHARITABLE GIFT ANNUITY
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Swarthmore College to initiate credit entries (and, if necessary, debit entries or adjustment for any entries in error) to my account at the financial institution indicated below. This authorization is to remain in full effect until the Business Office of Swarthmore College has received written termination notice from me in such manner as to afford the College a reasonable time to act on it (at least 10 business days before my next payment).

TYPE OF REQUEST: SET UP Direct Deposit (Complete Account information below)
 CHANGE Direct Deposit (Complete Account information below)
 TERMINATE Direct Deposit

NAME(S) ON ACCOUNT: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Checking (Attach voided check to this form)
 Savings (Attach savings deposit slip to this form)

NAME OF BANK/CREDIT UNION: _____

BANK PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING TRANSIT NUMBER: _____
(9 digits, usually found at bottom left of check or call bank)

NAME: (please print) _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

Please mail form and voided check
Or savings deposit slip to:

OR

Please fax form and voided check or savings
deposit slip to:

Business Office
Attn: Accounts Payable
Swarthmore College
500 College Avenue
Swarthmore, PA 19081

Accounts Payable 610-690-6891