

**AUTHORIZATION / AGREEMENT FOR
AUTOMATIC DIRECT DEPOSIT OF PAYROLL**

CHECK ONE:

Name _____

New Authorization

Payroll #

Social Security Number: _____

Change of Authorization

School/Dept.

Financial Institution's Name and Address:

Transit / ABA Number: _____
(Attach voided check)

Account Number: _____

Type of Account (check one)

Checking Account

Savings Account

I hereby certify that I am an owner of the above account and authorize the Payroll Department to deposit the full net amount of my payroll check, unless another amount has been specified above, to the financial institution /Account indicated above, and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until you have received written notification from me of its termination in such a manor as to afford you a reasonable opportunity to act upon it.

Employee's Signature _____

Date: _____