

Authorization Agreement for Automatic Deposit of Payroll

Name

Social Security Number

I hereby authorize Lander University to initiate credit entries, or such adjusting entries (debit or credit), which are necessary for corrections, to my checking or savings account, indicated below. I further authorize the Financial Institution named below to credit or debit the same to such account.

(NOTE: Select either a checking or savings account, and attach a voided check or deposit slip to this form.)

Financial Institution's Name

____ Checking ____ Savings
Type of Account (check one)

Account Number

Please allow a processing period of approximately 30 days.

This authority is to remain in full force and effect until the University has received written notification from me of its termination in such a manner as to afford the University reasonable opportunity to act on such notification.

Employee's Signature

Date

Office Use Only

ABA Number

Return Form to: **Lander University Business Office**