



DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

SECTION A:

(To be completed by employee)

1. Type of Enrollment Action

- New
- Change
- Cancel

2. Social Security Number

X	X	X	-	X	X	-				
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3. Name

<i>First</i>	<i>Middle</i>	<i>Last</i>

SECTION B: ACCOUNT INFORMATION

1. Account

Bank Name

Routing Number

Account Number

- Checking
- Savings

I wish to deposit: or Entire Net Amount

2. Account

Bank Name

Routing Number

Account Number

- Checking
- Savings

I wish to deposit: or Entire Net Amount

Please attach a voided check for each account listed

If you do not have a voided check you will need to provide a copy of your bank's direct deposit form showing the routing and account numbers

SECTION C: AUTHORIZATION

I hereby authorize The University Corporation to deposit any amounts owed to me by initiating credit entries to my account(s) at the financial institution(s) (hereafter "Bank") indicated on this form. In the event that The University Corporation deposits funds erroneously into my account, I authorize The University Corporation to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force until The University Corporation receives written notice from me of its termination in such time and in such manner as to afford The University Corporation reasonable opportunity to act on it.

Date:

Signature

If you have any questions, please call extension 2939 or 6085