



Direct Deposit Authorization

To have your paycheck deposited at the financial institution of your choosing:

1. Please complete the following Authorization Agreement for Direct Deposit.
2. Attach a blank check marked VOID. Note: please do not submit a deposit slip.
3. Send both the voided check and this Authorization Agreement to the Office of Human Resources for processing.

Please note that at least two or more pay period dates will be required to be certain that Direct Deposit is set up and that your pay will be credited to your account as indicated below.

Authorization Agreement

Name _____ SSN#: _____

Company _____ Saint Elizabeth University _____

I hereby authorize Saint Elizabeth University to initiate direct deposits to my checking and/or savings account(s) indicated below and the financial institution named below to credit the deposit to such account(s).

Financial Institution _____

Checking Account # _____ Savings Account # _____

Branch _____ City _____ State _____ ZIP _____

This authority is to remain in full effect until Saint Elizabeth University has received written notification from me of its termination in such time and manner as to give Saint Elizabeth University a reasonable time for processing, or until the University has sent me ten (10) days written notice of the University's termination of this arrangement.

Date ____/____/____ Signature _____

TO BE COMPLETED BY SAINT ELIZABETH University

Transit Routing Number _____ Account Number _____