

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL CHECK

NAME: _____

ID NO: _____ S.S.N : _____

I AUTHORIZE NEBRASKA WESLEYAN UNIVERSITY AND THE BANK(S) NAMED BELOW TO INITIATE VARIABLE ENTRIES TO MY CHECKING/SAVINGS ACCOUNT(S).

BANK NAME: _____ Checking / Savings
ACCT NUMBER: _____ AMOUNT: REMAINDER

BANK NAME: _____ Checking / Savings
ACCT NUMBER: _____ AMOUNT: _____

BANK NAME: _____ Checking / Savings
ACCT NUMBER: _____ AMOUNT: _____

ATTACHED IS/ARE **VOIDED CHECK(S)** GIVING THE BANKING NUMBERS NECESSARY TO SET UP DIRECT DEPOSIT OF MY PAYROLL CHECK. ATTACHED FOR SAVINGS ACCOUNTS IS A FORM FROM THE BANK GIVING THE ROUTING NUMBERS FOR THE BANK AND THE ACCOUNT.

IT IS AGREED MY PAYROLL CHECK WILL BE DEPOSITED IN MY CHECKING ACCOUNT ON MY PAYDAY. WHEN MY PAYDAY FALLS ON A WEEKEND OR HOLIDAY, MY PAYROLL CHECK WILL BE DEPOSITED ON THE LAST WORKING DAY BEFORE MY PAYDAY.

SIGNATURE: _____ DATE: _____