## AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL Nebraska Wesleyan University

I hereby authorize Nebraska Wesleyan University and the financial institutions named below to initiate variable entries to my checking/saving account(s).

Name (Print):								
☐ First Application	☐ Change of Bank ☐ Change of Account (same bank)							
Bank Name:		Checking?	Savings?	Amount: REMAINDER				
Bank Routing No		Account No						
Bank Name:		Checking?	Savings?	Amount:				
Bank Routing No		Account No						
Please use back of form for additional accounts								
It is agreed my payroll will be deposited payroll will be deposited on the last wor			ay. When my pa	ayday falls on a weekend or holiday, my				
Signature:			Date:					
Social Security Number:			ID. #					

Note: Attach a **voided check** or, if deposited to a savings account, a savings account statement to validate account information. DO NOT ATTACH deposit slips, or debit card information.

## ATTACH VOIDED BLANK CHECK

Jane A. Doe			10095
1000 Main St.			
Anywhere, USA 10001			
PAY TO THE ORDER OF			\$ Date
			DOLLARS
For			
123456789	987654321	10095	
Deviking Nie	A NI-	Ob I. N	

Routing No. Account No. Check No.