Eastern Mennonite University
DIRECT DEPOSIT AUTHORIZATION

PLEASE ATTACH A VOID CHECK HERE
DEPOSIT SLIPS NOT ACCEPTED

• INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION CLEARLY.
2. Attach a void check if you designate a checking account. DO NOT SUBMIT A DEPOSIT SLIP. If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
3. Please sign and date the form. Omission of signature will delay processing.
4. Notify the payroll office of any account changes or account closings.

• PARTICIPANT INFORMATION

First Name_____ **Last Name** _____ **Employee ID #:** _____

• BANK INFORMATION

☐ Checking (attach a void check above)
☐ Net Check ☐ Dollar Amount $_____

☐ Savings (attach a Savings Account Direct Deposit Form from your financial institution)
☐ Net Check ☐ Dollar Amount $_____

☐ Change Account Information

☐ Cancel Direct Deposit

Full Bank Name _____ Telephone _____

Bank Routing Number (9-digit number on lower left of check) _____

Bank Account Number _____

IMPORTANT

- The designated account must be in your name
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number **AND** the bank routing number. Call your bank if you are unsure of your bank account information.

• AUTHORIZATION

I hereby authorize Eastern Mennonite University to initiate deposits into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Eastern Mennonite University has received written notification from me of its termination in such time and in such manner as to afford Eastern Mennonite University a reasonable opportunity to act on it.

Employee Signature _____ Date _____

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