

WAYLAND BAPTIST UNIVERSITY
Authorization Agreement for Direct Deposit

I (we) authorize Wayland Baptist University, to initiate credit entries and, if errors occur, I authorize correcting entries to my (our) account(s) indicated below.

Financial Institution Name/Location	Transit Routing No.	Account Number	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This authority is to remain in full force until I (we) terminate this authorization.

Print Name(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTE: Please attach a voided check with this authorization. (This will verify transit number, routing number, and account number.)

