



Authorization Agreement for Direct Deposit

Important Note:

You **must** have documentation **attached** from your bank with authorization; along with the correct routing number and account number printed on it or a voided check.

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.

<u>Financial Institution (Name & Location)</u>	<u>Transit Routing No.</u>	<u>Account Number</u>	<u>Type of Account</u>

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

Print Name: _____

Last Four of SSN (required): _____

Employee/Student ID: _____

Signature: _____ Date: _____

Reminder:

You **must** have documentation **attached** from your bank with authorization; along with the correct routing number and account number printed on it or a voided check.