

FOR OFFICE USE ONLY
Date of Activation:

Signature:



Wayland Baptist University

Authorization Agreement for

ACTIVATING Direct Deposit

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

Financial Institution Name/Location	Transit Routing No.	Account Number	Type of Account
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This authority is to remain in full force until I (we) terminate this authorization.

Print Name: _____

Signature: _____

Student ID: _____

Date: _____

Address where deposit notification mail to:

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

**MUST HAVE
VOIDED CHECK HERE
Or something from the bank with the
routing # and account # on it.**