Authorization Agreement for Direct Deposit of Payroll

I hereby authorize William Jewell College to initiate credit entries and, if necessary, debit entries for any credit error to my account indicated below and the depository named below, hereinafter called BANK, to credit and/or debit same to such account.

Action: ☐ **New Student** ☐ **Change**

☐ Checking BANK _____ Amount to be deposited _____

Transit # _____ Account # _____

☐ Savings BANK _____ Amount to be deposited _____

Transit # _____ Account # _____

This authority is to remain in full force and effect until William Jewell College has received written notification from me of its termination in such time and in such manner as to afford William Jewell College and the BANK a reasonable opportunity to act on it.

NAME_____ SSN _____
(PLEASE PRINT)

DATE _____ SIGNATURE _____

ATTACH VOIDED CHECK BELOW

John and/or Jane Doe
1000 Main St.
Home Town, USA 10001

600

_____20___

PAY TO THE
ORDER OF _____ $ _____

_____ DOLLARS

MEMO _____ _____

⑆ 256000649 ⑆ 555000612 600

Transit No. Account No. Check No.

IMPORTANT: Notify payroll immediately upon changing your bank account.

Revised 04/07