



Direct Deposit Authorization Form

I hereby authorize Elon University to directly deposit my pay in the bank account(s) listed below in the specified amount(s). No more than three accounts may be designated. This authorization is to remain in force until Elon University has received written authorization from me of its termination or change. Also, I hereby grant Elon University the right to correct any such electronic funds transfer resulting from an erroneous over payment by debiting my account to the extent of such overpayment. Please attach a voided personalized check (checking account) or deposit slip (savings account) for each account specified below.

EMPLOYEE INFORMATION			
REQUIRED: NAME (PRINT):		UNIVERSITY ID:	
SIGNATURE:		DATE:	

ACCOUNT #1			
Account Type (select one):	Checking	Savings	
Financial Institution:			
City, State, and Zip Code:			
ABA (Routing Number) (9 digits):			
Personal Account Number:			
Amount to be deposited into Account:	ALL WAGES	or	\$

ACCOUNT #2			
Account Type (select one):	Checking	Savings	
Financial Institution:			
City, State, and Zip Code:			
ABA (Routing Number) (9 digits):			
Personal Account Number:			
Amount to be deposited into Account:	\$	or	Remainder

ACCOUNT #3			
Account Type (select one):	Checking	Savings	
Financial Institution:			
City, State, and Zip Code:			
ABA (Routing Number) (9 digits):			
Personal Account Number:			
Amount to be deposited into Account:	\$	or	Remainder