

## Authorization Agreement for Automatic Deposit of Payroll

\_\_\_\_\_  
Name

\_\_\_\_\_  
Lander ID Number

I hereby authorize Lander University to initiate credit entries, or such adjusting entries (debit or credit) which are necessary for corrections, to my checking or savings account indicated below, I further authorize the Financial Institution named below to credit or debit the same to such account. This authority is to remain in full force and effect until the University has received written notification from me of its termination in such a manner as to afford the University reasonable opportunity to act on such notification.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Please allow a processing period of approximately 30 days. The first paycheck issued will be in the form of a paper check to allow verification of account information.**

Select either a checking or savings account, the amount to deposit, and attach a voided check or deposit slip for each account to this form.

Financial Institution (name of your bank)	Routing Number	Account Number	Checking or Savings	(\$ Amount) or (Percentage %) Please Specify*

\*If you have multiple bank accounts, please specify the \$ amount or percentage you want deposited into each account. If you only have one bank account, please write 100%.

**\*\*\*You will receive an email stating a change has been made to your direct deposit account once this request has been entered in our Payroll System.\*\*\***

PLEASE TURN THIS COMPLETED FORM IN TO THE PAYROLL OFFICE, ROOM LC 111.