

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	Routing Number	Account Number	Checking or Savings	(\$ Amount) or (Net of CK) Please Specify