

Direct Deposit Agreement & Authorization

Company Name: The University of Findlay

Employee Name: _____

ID # _____

I hereby authorize The University of Findlay to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error to my account (select one below)

_____ Checking

_____ Savings

and the financial institution listed below to credit and/or debit the same to such error.

Financial Institution: _____

City _____ State _____ Zip _____

This authority is to remain in full force and effect until The University of Findlay has received written notification from me of its termination in such time and in such manner as to afford The University of Findlay and financial institution a reasonable opportunity to act on it.

Date: _____

Signed: _____
(Employee's signature)

Please attach a voided check from your checkbook to this form or something from the bank showing their routing number and your account number.