



AUTHORIZATION AGREEMENT FOR AUTOMATED (DIRECT) PAYROLL DEPOSITS

I hereby authorize and request Howard Payne University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository(ies) named below to credit and/or debit to such accounts. This authority is to remain in full force and effect until Howard Payne University has received written notification from me of its termination in such time and in such manner as to afford Howard Payne University a reasonable opportunity to act on it.

Bank, Savings and Loan, or Credit Union Name:	Savings or Checking	Percentage of Deposit:
Bank, Savings and Loan, or Credit Union Name:	Savings or Checking	Percentage of Deposit:
Bank, Savings and Loan, or Credit Union Name:	Savings or Checking	Percentage of Deposit:
Print Employee's Name:	Employee's SSN:	
Employee's Signature:	Date of Signature:	

NOTE: A blank deposit slip, voided check or a printed screen shot showing **BOTH the entire account number and routing number for the accounts listed above must accompany this form.**

Percentages of deposits **MUST total 100%.**

TO BE COMPLETED BY HOWARD PAYNE UNIVERSITY

TRANSIT ROUTING NUMBER

PAYROLL EFFECTIVE DATE