



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Select One: Faculty/Staff OR Student

I hereby authorize Drake University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account(s).

Indicated below and the **Financial Institution(s)** named below, to credit and/or debit the same to such account. Please list in order of priority.

Account #1

Financial Institution: _____

ABA (Routing) Number: _____

Account Number: _____

Checking Account (ATTACH VOIDED CHECK)

Savings Account (ATTACH DEPOSIT SLIP)

Amount/Percentage: _____

Account #2

Financial Institution: _____

ABA (Routing) Number: _____

Account Number: _____

Checking Account (ATTACH VOIDED CHECK)

Savings Account (ATTACH DEPOSIT SLIP)

Amount/Percentage: _____

Account #3

Financial Institution: _____

ABA (Routing) Number: _____

Account Number: _____

Checking Account (ATTACH VOIDED CHECK)

Savings Account (ATTACH DEPOSIT SLIP)

Amount/Percentage: _____

I understand that this authority will remain in full effect until the Drake University Payroll Office has received written notification of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it.

I hereby authorize Drake University to (check one):

Begin deposit of net pay into my checking/savings account.

Change my current financial institution, account number, or type of account into which my net pay is deposited.

ATTACH CHECK/SAVINGS DEPOSIT SLIP

The Authorization Agreements must be received in the **Payroll Office (Old Main 310)** one pay period prior to the start of direct deposit. Your account will be verified by a "pre-note" process the first payroll period after this form is submitted and Direct Deposit will start with the following pay period.

P L E A S E P R I N T	<i>Name:</i> _____
	<i>Banner ID:</i> _____
	<i>E-mail Address:</i> _____
	<i>Phone Number:</i> _____
	<i>Signature:</i> _____
	<i>Date:</i> _____