

Direct Deposit Authorization Form

Employee ID #	Employee's Name (Last, First, MI)	Social Security #	Phone Number	
Financial Institution Name, City, and State				
Action <input type="checkbox"/> New <input type="checkbox"/> Add/ Change <input type="checkbox"/> Cancel	Bank Routing Number (9 digits) -----	Bank Account Number (up to 17 characters) -----	Deposit Type <input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percentage _____% <input type="checkbox"/> Balance	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name, City, and State				
Action <input type="checkbox"/> New <input type="checkbox"/> Add/ Change <input type="checkbox"/> Cancel	Bank Routing Number (9 digits) -----	Bank Account Number (up to 17 characters) -----	Deposit Type <input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percentage _____% <input type="checkbox"/> Balance	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize Rowan University to electronically credit the above authorized amounts to the financial institution(s) named about for deposit into my account(s) and if necessary debit my account(s) for any entries made in error.

Employee's Signature _____ Date _____