



Authorization Agreement For Direct Deposit

Primary Account	New enrollment
Savings Account Checking Account 100% of Net Pay	Staple a voided check from your account here Important Note: We cannot take action without a voided check attached. If you wish to have your pay deposited into a savings account, please provide confirmation from your financial institution of the correct routing/transit number and savings account number.
<div><div>_____</div><div>1: _____:1</div><div>_____</div><div>Name of Financial Institution</div><div>Bank Routing/Transit Number</div><div>Account Number</div></div>	

Secondary Account	New enrollment
Savings Account Checking Account _____	Staple a voided check from your account here Important Note: We cannot take action without a voided check attached. If you wish to have your pay deposited into a savings account, please provide confirmation from your financial institution of the correct routing/transit number and savings account number.
<div><div>_____</div><div>[: - - - - - :]</div><div>_____</div><div>Name of Financial Institution</div><div>Bank Routing Transit Number</div><div>Account Number</div></div>	

Employee's Authorization:

I hereby authorize Lindsey Wilson University and the financial Institution(s) listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my above listed account(s).

_____	_____	_____
Employee's Name (Please Print)	Employee's Signature	Date

SSN Number (XXX-XX-XXXX)

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