



WESTERN KENTUCKY UNIVERSITY

Authorization Agreement For Direct Deposit

Important Reminders:

1. Failure to notify the Payroll Department in a timely manner of changed or closed accounts may substantially delay the receipt of payments, once the attempt has been made to deposit funds into an invalid account.
2. Any expense reimbursements you receive from the University will be direct deposited into your primary account.

Primary Account	<input type="checkbox"/> New enrollment	<input type="checkbox"/> Stop direct deposit	(Date _____)
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account <input checked="" type="checkbox"/> 100% of Net Pay	<p>Staple a voided check from your account here</p> <p>Important Note: We cannot take action without a voided check attached.</p> <p>If you wish to have your pay deposited into a savings account, please provide confirmation from your financial institution of the correct ABA routing/transit number and savings account number.</p>		
_____	: _____:	_____	
Name of Financial Institution	ABA Transit Number	Account Number	

Secondary Account	<input type="checkbox"/> New enrollment	<input type="checkbox"/> Stop direct deposit	(Date _____)
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account <input type="checkbox"/> \$ _____	<p>Staple a voided check from your account here</p> <p>Important Note: We cannot take action without a voided check attached.</p> <p>If you wish to have your pay deposited into a savings account, please provide confirmation from your financial institution of the correct ABA routing/transit number and savings account number.</p>		
_____	: _____:	_____	
Name of Financial Institution	ABA Transit Number	Account Number	

Name _____

Employee's Authorization:

I have read the reminders and hereby authorize Western Kentucky 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

WKU ID Number (800-XX-XXXX)

Date

Payroll Use Only

MN Payroll

MP Payroll

SM Payroll

BW Payroll