

Authorization for Electronic Payment Service

(Direct Deposit) 2005-2006

___ Initial Authorization ___ Change of Bank ___ Change of Account #

Bank Name: _____

Type of Account: ___ Checking ___ Savings

Account #: _____

Routing #: _____

I authorize **Lincoln University**, hereafter referred to as **Employer**, to deposit my periodic pay into my account identified as and held at the **Bank** named above and I authorize that such an account exists and the **Bank** named above can make deposits without responsibility for correctness of such amounts.

My authorization will remain in effect until I give a written notice to terminate this authorization to my **Employer** in sufficient time and manner as to allow my **Employer** to act upon it.

I have provided my **Employer** with a copy of a voided check (except savings accounts) solely for the purposes of verifying my account number and the Bank's routing number.

Student Employee Name: _____

Student Employee Signature: _____

Social Security Number: _____ - _____ - _____

Date: _____