**Authorization for Electronic Payment Service**

**(Direct Deposit)**

Please check one of the following boxes:

\_\_\_\_\_\_\_ Initial Authorizations \_\_\_\_\_\_\_ Change of Financial Institution

\_\_\_\_\_\_\_ Change of Account Number \_\_\_\_\_\_\_ Add Account

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID or SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Account: Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Checking \_\_\_\_ Savings Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount to Deposit: \_\_\_\_ Entire Paycheck \_\_\_\_ Specific Amount, please indicate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Account: Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Checking \_\_\_\_ Savings Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount to Deposit: \_\_\_\_ Entire Paycheck \_\_\_\_ Specific Amount, please indicate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please check the following boxes:

**\_\_\_** I authorize Lincoln University (hereafter referred to as “Employer”) to deposit my periodic pay into my account identified as and held at the Financial Institution named above and I authorize that such account exists and that the Financial Institution 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 at least 10 days prior to actual termination (to allow my Employer to act upon it).

**\_\_\_ I have provided a voided check solely for the purpose of verifying my account number and financial institution’s routing number.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_