



DIRECT DEPOSIT AUTHORIZATION FORM

- New Agreement
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DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name (Please Print)

Employee Number

I hereby authorize Samuel Merritt University (SMU) to initiate paycheck deposits to my account with the Financial Institution(s) indicated below. This authority is to remain in effect until SMU has received written notification from me of its cancellation or my departure from SMU.

Financial Institution:

Name

Branch Location

Checking Account Number _____ (Check One) "All"
 Dollar Amount _____
(In Dollars & Cents)

Savings Account Number _____ (Check One) "All"
 Dollar Amount _____
(In Dollars & Cents)

I understand that accidental over-payments will be called to my attention and adjusted on a future check. Attached is a voided check for the account listed above to verify the information.

Employee Signature: _____ Date _____

****Please note:** Automatic Deposits become effective within two pay period cycles from receipt of form.

Attach voided check for checking accounts.
Form will not be processed without voided check.