

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I, \_\_\_\_\_ authorize Webster University to make automatic deposits of my wages or salaries to my account as named below. I also authorize Webster University to initiate credit or debit entries, or other adjustments, to my checking/savings account, but only in the event errors are made to my account.

This authorization is to remain in effect until Webster University receives notification in writing from me of my intent to terminate automatic deductions from my wages or salaries. I understand that I must afford Webster University and the depository a reasonable period of time to act upon such termination.

I understand and agree that this automatic deposit agreement may be, in the sole discretion of Webster University, revoked by Webster University at any time and Webster holidays and/or bank holidays may delay the credit to my account until the next following banking business day.

In signing this authorization I also terminate any prior authorization given to Webster University to initiate charges to this account, effective the day Webster University implements this authorization. I also acknowledge receipt of a copy of this authorization on this date.

**ATTENTION: Credit Union members:** Before filling out this form, please call your Credit Union and ask them to give you the "transit routing number" to use for ACH credit purposes.

**\*\*PLEASE NOTE\*\* If this is a CHANGE, you will receive payment via check during the pre-note (test) phase.**

**If you have any questions regarding the direct deposit process, please contact the Payroll Department at 314-968-7408.**

EMPLOYEE NAME (please Print) \_\_\_\_\_ SSNO: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPOSITORY (BANK) NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SAVINGS \_\_\_\_\_ CHECKING \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ TRANSIT ROUTING/ ABA NO. \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK (NOT DEPOSIT SLIP) SHOWING THE ABOVE BANKING INFORMATION \*\***

If you would like a specific amount deducted from your wages for deposit into an additional account/s, please complete this section.

DEDUCTION AMOUNT \$ \_\_\_\_\_ DEPOSITORY (BANK) NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SAVINGS \_\_\_\_\_ CHECKING \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ TRANSIT ROUTING/ABA NO. \_\_\_\_\_

DEDUCTION AMOUNT \$ \_\_\_\_\_ DEPOSITORY (BANK) NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SAVINGS \_\_\_\_\_ CHECKING \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ TRANSIT ROUTING/ABA NO. \_\_\_\_\_

FOR PAYROLL USE ONLY:

Prenote Date \_\_\_\_\_

Live Date \_\_\_\_\_