



AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Graduate

Undergraduate

Class year _____

Current Date: _____

Name: _____ Social Security #: _____

Wesleyan ID#: _____ Telephone: _____ E-Mail Address: _____

I authorize the deposit of my Wesleyan University Payroll Check/Earnings into my Bank Account as indicated below. I understand that I must complete a new direct deposit authorization to stop direct deposit before I close the indicated bank account. Failure to notify the Payroll Office of a closed account may result in a delayed receipt of earnings.

Account Type: (PLEASE CHECK ONE ONLY)

CHECKING

or

SAVINGS

Routing#

Account #

PLEASE NOTE THAT THERE IS A TWO PAY PERIOD DELAY FOR NEW ACCOUNT OR CHANGES TO EXISTING ACCOUNTS. THIS IS DUE TO A WIRE TRANSFER TESTING PERIOD MANDATED BY THE AUTOMATED CLEARING HOUSE THAT PROCESSES THE TRANSACTIONS.

This authorization should remain in force until I cancel it or until I terminate my employment with Wesleyan University. I understand that any change to this authorization will be processed for the next earliest pay period. Wesleyan University reserves the right to recall any deposit improperly created and deposited to my account for any reason. I agree that my bank may honor any recall requests made by Wesleyan University and hereby absolve Wesleyan University from any and all liability that either institution might incur as a result of such a recall by Wesleyan University for any cause.

Signature

Date

**ATTACH VOIDED PRE-PRINTED CHECK
FOR CHECKING ACCOUNT DEPOSITS**

OR

**CONTACT BANK FOR SAVINGS ACCOUNT ROUTING
NUMBER**

**DIRECT DEPOSIT
CANCELLATION REQUEST**

I hereby request cancellation of the
Direct Deposit authorization as stated above

Signature

Date