

Otterbein University

Authorization Agreement for Automatic Payroll Deposit

I hereby authorize Otterbein University to initiate direct deposit entries to the accounts (checking, savings, money market, credit union, etc.) indicated below, and authorize the financial institution(s) to credit the same to these accounts. This authority is to remain in effect until revoked by me in writing or by termination of my employment with Otterbein University.

1. Deposit \$ _____ / _____ % (specify amount or percentage) into the account below.
This amount is to be deposited **first**.

Account Number :

Type of Account: Checking* or Savings

Bank Name:

Bank Routing (ABA)Number:



2. Deposit the **balance** of my net pay into the account below.

Account Number :

Type of Account: Checking* or Savings

Bank Name:

Bank Routing (ABA) Number:

No Change - please use the account