



Employee Authorization Agreement For Direct Deposit

Employees are able to direct deposit up to four different accounts. When choosing an additional deposit, you must enter an amount or a hundred percent that will go into the additional account.

I, the undersigned, hereby authorize Northern Kentucky University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account(s) designed below and the depository name below, to credit and/or debit the same to such account.

Section to be completed by employee:

Employee Name: _____

Employee ID or SSN: _____

NKU Department (Work Location): _____

Work Telephone #: _____

1st Account Designation:

Bank/Depository Name _____

Account Number: _____

ABA Routing No. **(Required)**: _____

Amount or Percentage for Deposit: _____

Checking Account _____ Savings Account _____

2nd Account Designation:

Bank/Depository Name _____

Account Number: _____

ABA Routing No. **(Required)**: _____

Amount or Percentage for Deposit: _____

Checking Account _____ Savings Account _____

3rd Account Designation:

Bank/Depository Name _____

Account Number: _____

ABA Routing No. **(Required)**: _____

Amount or Percentage for Deposit: _____

Checking Account _____ Savings Account _____

4th Account Designation:

Bank/Depository Name _____

Account Number: _____

ABA Routing No. **(Required)**: _____

Amount or Percentage for Deposit: _____

Checking Account _____ Savings Account _____

The authorization is to remain in full force and effect until Northern Kentucky University has received written notification from me. Notification of its termination will be provided in such time and in such manner as to afford Northern Kentucky University and the depository a reasonable opportunity to act upon it. You may choose up to 6 (six) accounts but please complete another forms for additional accounts.

Please upon filling out return to Payroll & Tax dept. located in LAC 708.

Employee Signature: _____ Date: _____

VOIDED CHECK

Cancellation of Direct Deposit
Please sign here if you wish to cancel authorization for direct deposit

Employee Signature: _____ Date: _____