



## 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 LAC 613.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VOIDED CHECK

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_