

**FLORIDA MEMORIAL UNIVERSITY**  
**The Department of Human Resource Management**

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**



(Check one) **Deposit Action:** New:       **Change:**

Add:       Stop:

PLEASE ATTACH A VOIDED CHECK

<b>Employee Name (Print)</b>	<b>Last 4 digits of SS#</b>  XXX-XX-	<b>Date</b>
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<b>Name of Financial Institution</b>	<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Bank Routing #</b>	<b>Account #</b>	<b>Amount</b>

**\*\* 2<sup>nd</sup> Account (Optional) (Deposit must be a fixed amount):\*\***

<b>Name of Financial Institution</b>	<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Bank Routing #</b>	<b>Account #</b>	<b>Amount</b>

I hereby authorize Florida Memorial University and the bank listed above to deposit my net pay or portion thereof as indicated into my account each pay day. If funds to which I am not entitled are deposited into my account, I authorize, Florida Memorial University to direct the bank to return said funds. This authority is to remain in full force until the Payroll Office has received written notification from me of its termination.

<b>Signature: (required)</b>	<b>Date:</b>
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