

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Doane University to directly deposit my pay in the bank account(s) listed below. If two accounts are designated, indicate a whole dollar amount for the first account. The remainder of your pay will be deposited into the second account. We are unable to use percentages to split the deposit.

This authorization is to remain in force until Doane University has received written authorization from me of its termination or change. Also, I hereby grant Doane University the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Earnings statements are available in Self Service at <https://web.doane.edu/faculty-staff>

Employee name: _____ Colleague ID _____

Signature: _____ Date: _____

Account #1: Check only one account

☐ Checking Account \$ _____ **If you are splitting the deposit, enter a dollar amount here and the remainder will deposit to your second account. If not splitting, write ALL.**

☐ Savings Account \$ _____

Bank Name _____ Routing # _____
(9 digits)

Account Number _____

Account #2: Check only one account

☐ Checking Account Remainder of pay

☐ Savings Account Remainder of pay

Bank Name _____ Routing # _____
(9 digits)

Account Number _____

Verbal Confirmation required for Direct Deposit Changes

HR/Payroll Use Only Confirmed By: _____ Date: _____