

AUTHORIZATION FOR A BANKING STATED AMOUNT DEPOSIT

The undersigned hereby authorizes Western Michigan University (WMU) to make deposits to the institution and account identified below, and authorizes that institution to accept such deposits for credit to my account. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice is given to the WMU Payroll Department.

Faculty and Staff Only

Employee ID:

Name:

Phone:

Is this New a Change or Cancellation (If a cancellation, then no other information is required)

Bank or Credit Union:

Branch Location:

Routing Transit Number:

Account Number:

Type Of Account

Checking Savings

Amount: **(dollars)**

Date: **(mm/dd/yyyy)**

(Employee Authorizing Signature)

Print, Sign and Return this card to the Payroll Department – Mail Stop 5250

Rev. 05/04