

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.

Biweekly

Semi monthly

Employee ID or WIN:

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)

It is the employee's responsibility to ensure that direct deposit information is correct and that all instructions regarding the bank, routing number, and account number are correct. The employee bears the risk of loss in the event they have compromised the integrity of their electronic systems and direct deposit instructions have been altered.

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