

Direct Deposit Authorization

Name: _____ ID #: _____ Effective Date: _____

Bank Name:	Routing No:	Account No:	Account Type:	*\$/ R
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

*If you would like your disbursement deposited into multiple bank accounts, please indicate the dollar amount (ex: \$100) for each specific account and indicate "R" for the account that you would like the remainder of your disbursement deposited into. Please do not indicate percentages, dollar amounts must be provided if there are multiple accounts.

I authorize Mount Vernon Nazarene University to credit the above account(s) for direct deposit of any and all amounts due to me from the University. I understand this agreement will remain in effect until I notify MVNU in writing. I also understand that this notification must be made no later than 10 days before the scheduled direct deposit date to allow sufficient time for the payment to be stopped.

Signature: _____

Today's Date: _____

Send Completed Form To:

MVNU
 Department of Human Resources
 800 Martinsburg Road
 Mount Vernon, OH 43050

Please Attach a Voided Check Here

* Please do not provide a deposit slip as it does not contain all of the needed information.