



Direct Deposit Authorization Agreement

I hereby authorize **MidAmerica Nazarene University**, hereafter called **MNU**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called Depository, to credit and debit the same entries to such accounts.

1. Full Name of Bank/Credit Union: _____

City: _____ State: _____ Zip: _____

Bank Transit Number: _____ Account Number: _____

Checking \$ _____ or Full Amount (please circle) Notes: _____
 or
 Savings \$ _____ or Full Amount (please circle) _____

2. Full Name of Bank/Credit Union: _____

City: _____ State: _____ Zip: _____

Bank Transit Number: _____ Account Number: _____

Checking \$ _____ or Full Amount (please circle) Notes: _____
 or
 Savings \$ _____ or Full Amount (please circle) _____

3. Full Name of Bank/Credit Union: _____

City: _____ State: _____ Zip: _____

Bank Transit Number: _____ Account Number: _____

Checking \$ _____ or Full Amount (please circle) Notes: _____
 or
 Savings \$ _____ or Full Amount (please circle) _____

This authority is to remain in full force and effect until MNU has received written notification from me on its termination in such time and in such manner as to afford MNU a reasonable time to act on it.

Employee Name: _____ **SSN:** _____

Employee Signature: _____ **Date:** _____

Co-Signature (if Joint Account): _____ **Date:** _____

Note: A voided blank check or savings account deposit slip must be attached to validate account information.