



SOUTHWESTERN ADVENTIST UNIVERSITY

Direct Deposit Authorization

For Southwestern Adventist University Staff Payroll Use Only. Complete this form and submit it to the Business Office, Attn: Sharon Wicker, to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all of your personal information is correct, and keep a copy for your records.

Personal Information

Employee Name: _____

Street Address: _____ City: _____

Line 2: _____ State: _____ Zip: _____

Bank & Account Information

My bank is: _____ Account Type: _____

Bank Routing Number: _____ Account Number: _____

ATTACH VOIDED CHECK

Authorization

Employer: Southwestern Adventist University

I authorize the above Employer to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll to my above account, on a recurring basis until I notify you in writing that I revoke this authorization.

X _____ Date: _____