

New Change of Bank or Amount Cancel

Direct Deposit Authorization

Name: _____ ID #: _____ Phone Number: _____

To have payroll checks from Andrews University directly deposited into your checking or savings account, please complete this form.

Please fill a new slip for each bank if multiple direct deposits are desired. To change or cancel this authorization, please complete a new request form.

Allow 1 (one) payroll for this request to become effective.

It is the employee's responsibility to check their bank account for deposit confirmation before withdrawing funds. Andrews University is not liable for any overdraft (NSF) charges incurred while participating in direct deposit.

Please initial that you have read and understood the terms of this agreement: _____
Your initials

Bank Information: if bank not listed, please complete the box marked "Other" and attach a voided check.

Berrien Teachers C.U.
Routing # 272484852

Fifth Third Bank
Routing # 072400052

Other:
Bank Name: _____

United Federal C.U.
Routing # 272484894

Chemical Shoreline
Routing # 072410013

Bank Routing Number *: _____

Account Number **: _____

Account Type: Checking

Savings

Amount: Net Check (100%)

_____%

\$ _____

***Bank Routing Number:** first set of numbers at the bottom of your **check** — **not** deposit slip

****Account Number:** second set of numbers at the bottom of your **check** — **not** deposit slip

I hereby request and authorize Andrews University to direct deposit my paycheck as designated above.

Signature: _____

Date: _____

Entered by: _____

Date: _____

Checked by: _____

Date: _____

Return this form to the **Payroll Department**.
We can be contacted at (269) 471-3325 or email us at payroll@andrews.edu.