AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY

EMPLOYEE INFORMATION

_____   _____New   _____Change

Name (Please Print)

_____   _____/_____

_____   Pre-note Date   Bank Code / Type

Employee ID or Social Security Number   (to be completed by payroll office)   X.

All new direct deposit accounts will require a pre-note with the requested financial institution to ensure accurate information. Please expect new direct deposit accounts to be delayed by one paycheck.

I hereby consent to and authorize Nazareth University (hereinafter referred to as NUR) to deposit my net wages into the account in my name, at the bank indicated below and authorize said bank to credit such amounts to my account:

Name of Bank/Credit Union   _____

Account Type: Checking   _____   Savings   _____

Bank Routing # :_ _ _ _ _ _ _ _ _: Account #   _____

NOTE: **Do Not Use Your ATM/Debit Card Number**.   If you are unsure of your Bank Routing Number or account number, please check with your financial institution or see example on reverse side.

NUR delivers its payroll information electronically. Once your direct deposit information has been processed, you can access this information from your NazNet Account.   NUR is authorized to make withdrawals on this account to adjust any over deposit that it has caused to be made. This authorization is to remain in full force and effect for the duration of my employment or until NUR wishes to discontinue the service or until NUR has received written notification from me of its termination in such time and manner as to afford NUR and the Bank a reasonable opportunity to act on it.

Employee Signature _____   Date _____

If depositing in __checking__ account, attach your voided check here.
If depositing in __savings__ account, please confirm bank routing # and account # with your financial institution.

THE DIRECT DEPOSIT WILL CONTINUE UNTIL THE PAYROLL OFFICE IS NOTIFIED THAT THE EMPLOYEE WISHES TO CANCEL OR CHANGE THEIR FINANCIAL INSTITUTION OR UNTIL THE END OF THEIR EMPLOYMENT WITH THE COLLEGE. FAILURE TO NOTIFY THE PAYROLL OFFICE OF ANY CHANGES WILL RESULT IN THE DELAY OF THEIR PAYCHECK UNTIL THE NEXT SCHEDULED PAYROLL.

A. N. Other 123-45-6789
11011 West Broad St.
Richmond, VA 23060
(804) 888-9999

1438

Pay to the
Order of _____ $ [   ]

_____

For_____

⑆056073506⑆ 943573234811' 1438

Routing Number   Bank Account   Check
(Exactly 9 digits)   Number   Number