



## Direct Deposit Authorization Agreement Form

ACCOUNT:	
<input type="checkbox"/> New Setup	<input type="checkbox"/> Change

Section 1 - EMPLOYEE INFORMATION		
Name (last, first):	Phone Number:	E-mail Address:

SECTION 2 - (a) EMPLOYEE'S PRIMARY BANK INFORMATION		
1.) Bank/ Financial Institution Name:		
Account Type:  <input type="checkbox"/> Checking Account  <input type="checkbox"/> Savings Account	Account Number:  Transit or Routing Number:	<input type="checkbox"/> Total Net Pay  <input type="checkbox"/> Partial \$ _____

SECTION 2 - (b) EMPLOYEE'S SECONDARY BANK INFORMATION		
2.) Bank/ Financial Institution Name:		
Account Type:  <input type="checkbox"/> Checking Account  <input type="checkbox"/> Savings Account	Account Number:  Transit or Routing Number:	<input type="checkbox"/> Total Net Pay  <input type="checkbox"/> Partial \$ _____

SECTION 2 - (c) ADDITIONAL		
3.) Bank/ Financial Institution Name:		
Account Type:  <input type="checkbox"/> Checking Account  <input type="checkbox"/> Savings Account	Account Number:  Transit or Routing Number:	<input type="checkbox"/> Total Net Pay  <input type="checkbox"/> Partial \$ _____

**Section 3 - Authorization Agreement**

I authorize and request Wills Eye Hospital (WEH) to initiate credit entries and, if necessary, in accordance with NACHA rules reversing credit entry errors to my account(s) at the financial institution(s) named. This Direct Deposit Authorization Agreement is to remain in effect until changed or withdrawn by: (a) me in writing with a notice to WEH to allow adequate time to effect termination, (b) my employment has been terminated, (c) the financial institution(s), (d) FAU. I also understand that I must submit a new Direct Deposit Authorization Form if I change banks or receive new account numbers. I hereby acknowledge that if I close my bank account(s) without properly informing the Payroll Office, I will not receive a salary payment until my bank returns the funds to WEH.

Name - Primary (Print):

Name - Primary (Signature):

Name - Joint (Print):

Name - Joint (Signature):

Today's Date:

***\*\*Attach a voided check to ensure accuracy of your bank routing and account number.***