

WAYLAND BAPTIST UNIVERSITY
Authorization Agreement for Direct Deposit

I (we) authorize Wayland Baptist University, to initiate credit entries and, if errors occur, I authorize correcting entries to my (our) account(s) indicated below.

Financial Institution Name/Location	Transit Routing No.	Account Number	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This authority is to remain in full force until I (we) terminate this authorization.

Print Name: _____

Signature: _____ Date: _____

Employee ID: _____ Last 4 of Social: _____

Signature _____ Date: _____

NOTE:

**Please attach a form from your bank with authorization;
along with the correct routing and account number.**

If a bank or financial institution filled out the form, please notarize below.

Notary Signature and Date:

Notary Stamp: