

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

I (we) authorize **Ohio Wesleyan University**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ Checking Account _____ Savings Account indicated below, **to credit and/or debit the same to such account.**

BANK NAME _____

TRANSIT/ ROUTING NUMBER (9 DIGIT NUMBER) _____

ACCOUNT NUMBER _____

ACCOUNT TYPE _____ CHECKING _____ SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford COMPANY and the BANK a reasonable opportunity to act on it.

Name(s) on account _____ ID# _____

Date (mm/dd/yy) _____

Employee Name (please print) _____

Signed _____

Please attach Voided Check here (no copies or deposit slips will be accepted)