Marywood University

Direct Deposit Authorization Form

I authorize the Human Resources Department of Marywood University to direct deposit my pay as follows:

Bank name _____

Bank address _____

_____

Account type ☐ Checking Attach void check

☐ Savings Attach official verification of bank transit routing number and account number

Please select from the following:

☐ Entire net pay
☐ Deduction from net pay Amount _____
☐ Change deduction amount From _____ To _____
☐ Discontinue deduction amount
☐ Discontinue direct deposit – entire net pay
☐ Replace direct deposit information

Effective date _____

_____
Signature Date

_____
Print Name