

## Direct Deposit Authorization Form-Payroll/Accounts Payable Disbursements

Last Name	First Name	Middle Initial		Banner Number		_
I hereby authorize John Carroll University to deposit my payroll/accounts payable funds into my account(s) at the bank(s) named below. In the unlikely event that John Carroll initiates an erroneous deposit to my account, I also authorize the reversal of that erroneous transaction. It is understood that I may terminate this agreement at any time by written notification to the John Carroll University Payroll and AP Office.  NOTE: Do NOT use the numbers on the DEBIT card associated with your account.  Please notify the Payroll and Accounts Payable Office if you close your account(s)  Requests for changes need to be submitted in person to the Business Office  You will need to show a valid picture ID						
Signature:Date:						
Payroll Funds/Accounts Payable Funds (Note: Accts Payable funds cannot be split between accounts.)						
Checking Savings Please check one	gs   Bank Name:		Bank Transit/Routin Number:		Account Number:	
Start De	Start Deposit Stop Deposit					
Account 2						
Checking  Savings  Please check one	Bank Name:	Bank Transit/Routing Number:		Account Number:		Net Pay or Amount:
Start Deposit		Stop Deposit		Change Deposit Amount		
Account 3						
Checking  Bank Name:  Savings		Bank Transit/Routing Number:		Account Number:		Net Pay or Amount:
Please check one						
Start Deposit		Stop Deposit		Change Deposit Amount		
To start or change a deposit:						
The first payment after receipt of this form will result in an electronic transmittal of funds to your account(s).						
- Bank Name Check Number						
	Your Name Your Address Your City, State Zi	р	86-9676/1564 1794/96/97	1234		
	7/3 1/3 1/10 1/4 1/3 1/10		\$			
Your Bank Name Bank City, State						

NOTE: If checks can be written against this/these account(s), please attach a void check here.

1123456780 : 11000123456\* 1234\*

9 Digit Routing Number Your Account Number