

Direct Deposit Authorization Form-Payroll/Accounts Payable Disbursements

Last Name	First Name	Middle Initial	JCU ID
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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)**

➔ **Signature:** _____ **Date:** _____

Payroll Funds/Accounts Payable Funds (Note: Accts Payable funds cannot be split between accounts.)

Checking <input type="checkbox"/>	Bank Name:	Bank Transit/Routing Number:	Account Number:
Savings <input type="checkbox"/>			
Please check one			
Start Deposit ____		Stop Deposit ____	

Account 2

Checking <input type="checkbox"/>	Bank Name:	Bank Transit/Routing Number:	Account Number:	Net Pay or Amount:
Savings <input type="checkbox"/>				
Please check one				
Start Deposit ____		Stop Deposit ____		Change Deposit Amount ____

Account 3

Checking <input type="checkbox"/>	Bank Name:	Bank Transit/Routing Number:	Account Number:	Net Pay or Amount:
Savings <input type="checkbox"/>				
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).



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