

Ursuline College

Agreement for Direct Deposit

Employee Name _____ SS # _____
(Please Print)

I hereby authorize Ursuline College to do the following direct deposits in the account(s) listed below:

Direct Deposit #1

<ul style="list-style-type: none">• Account Type <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings Account # _____ Transit/ABA Number _____ Dollar Amount to Deposit \$ _____
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Direct Deposit #2

<ul style="list-style-type: none">• Account Type <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings Account # _____ Transit/ABA Number _____ Dollar Amount to Deposit \$ _____
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Direct Deposit #3

<ul style="list-style-type: none">• Account Type <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings Account # _____ Transit/ABA Number _____ Dollar Amount to Deposit \$ _____
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This authority is to remain in full force until Ursuline College has received written notification from me of its termination.

Employee Signature

Date