## **Marywood University**

## **Direct Deposit Authorization Form**

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

Bank Name:				
Account Type:	☐ Checking	Attach voided check	Attach voided check	
	☐ Savings	Attach official verifica number and account	ation of bank transit routing number	
Please select from	m the following:			
☐ Entire Net Pay	′			
☐ Deduction from Net Pay Amount: \$		Amount: \$		
☐ Change Deduction Amount From		From \$ To \$_		
☐ Discontinue D	eduction Amoun			
☐ Discontinue D	irect Deposit – E	ntire Net Pay		
☐ Replace Direc	t Deposit Inform	ation		
Effective Date: _				
Signature		Date		
Printed Name				