

Student Direct Deposit Authorization

Graceland University pays its employees by direct deposit only to a checking or savings account at a bank, credit union, or savings and loan of their choice within the continental United States.

I, _____ hereby authorize Graceland University to deposit my payroll funds to my account(s) listed below:

Account Information ☐Checking or ☐Savings

Name of Financial Institution: _____

City, State, Zip of financial institution: _____

Telephone number of financial institution: () _____

Routing Number of financial institution (always 9 numbers): _____

Account Number: _____

Please attach a voided check. Deposit slips will not be accepted.

This authority will remain in full force and effect until Graceland University has received written notification from me of its termination. I understand that such termination or change to a different institution and/or account must be made in writing by the 15th of the month in which I wish to make it effective.

Employee Signature _____ ID NO. _____

Date _____