

Ursuline College Agreement for Direct Deposit

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

Direct Deposit #1

Account Type : ☐ Checking (attach a voided check) ☐ Savings
Bank Name _____
Account # _____
Routing # _____
Specify Dollar Amount to Deposit \$ _____ or full Check amount will be Deposited

Direct Deposit #2

Account Type : ☐ Checking (attach a voided check) ☐ Savings
Bank Name _____
Account # _____
Routing # _____
Specify Dollar Amount to Deposit \$ _____ or full Check amount will be Deposited

This authority is to remain in effect until Ursuline College has received written notification from me of its termination.

Employee Name _____ SSN _____
(Please Print)

Employee Signature _____ Date _____