

DIRECT DEPOSIT AUTHORIZATION FORM

For Payroll and Reimbursement & Refund Payments



Name _____

IWU ID# _____

Staff Use Only:

Verified by: _____

BANK INFORMATION – Primary

Financial Institution Name: _____

9-Digit Bank Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Payroll Deposit: Entire Check _____ Flat \$ Amount _____ Percent _____

Reimbursement & Refund*

BANK INFORMATION – Secondary

Financial Institution Name: _____

9-Digit Bank Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Payroll Deposit: Entire Check _____ Flat \$ Amount _____ Percent _____

Reimbursement & Refund*

* Please select only one account for reimbursements & refunds. 100% of all reimbursements and refunds will be deposited to this account.

Important! Please read and sign before completing and submitting.

I hereby authorize Illinois Wesleyan University to deposit any amount owed to me by initiating credit entries to the accounts indicated on this form. I authorize Bank to accept and to credit any credit entries indicated by Illinois Wesleyan University to my account. In the event Illinois Wesleyan University deposits funds erroneously into my account, I authorize Illinois Wesleyan University to debit my account for an amount not to exceed the original amount of the erroneous credit.

Signature _____ Date _____