



## STUDENT Direct Deposit Authorization Form

Last Name                      First Name                      Middle Initial                      Banner ID Number

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize John Carroll University to deposit my payroll funds into my account(s) at the bank(s) named below. I further warrant that I am a holder on the account(s) listed below. In the unlikely event that John Carroll initiates an erroneous deposit to my account, I also authorize the reversal of that erroneous transaction.

It is understood that I may terminate this agreement at any time by written notification to the John Carroll University Payroll.

**NOTE: Please notify the Payroll if you close your account(s).**

➔ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To start or change a deposit:

#### Payroll Funds

Checking	Bank Name:	Transit/Routing Number:	Account Number:	Net Pay/Amt:
Start Deposit ___		Stop Deposit ___	Change Deposit Amount ___	

Savings	Bank Name:	Transit/Routing Number:	Account Number:	Net Pay/Amt:
Start Deposit ___		Stop Deposit ___	Change Deposit Amount ___	

The first payment after receipt of this form will result in an electronic transmittal of funds to your account(s). A facsimile of your pay remittance, will be sent to your JCU email address as a .pdf attachment. A Banner PIN will be required to open the attachment.



**NOTE: If checks can be written against this/these account(s), please attach a void check here.**

If you do not have printed checks, you should have received some documentation from your bank indicating your routing number and account number. *Do not use the number on the DEBIT Card associated with your account.*