

Direct Deposit Authorization Form-Payroll/Student Refund/Accounts Payable Disbursements

Last Name First Name Middle Initial Banner ID Number

I hereby authorize John Carroll University to deposit my payroll/student refund/accounts payable funds into my account(s) at the bank(s) named 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 and AP Office.

NOTE: Do NOT use the numbers on the DEBIT card associated with your account. Please notify the Payroll and Accounts Payable Office if you close your account(s)

Signature:

_____Date: _____

Student Refund/Accounts Payable Funds (Note: These funds cannot be split between accounts.)

Checking Savings	Bank Name:	Bank Transit/Routing Number:	Account Number:
Please check one			
Start De	epositSt	op Deposit	

Payroll Funds

Checking Savings	Bank Name:	Bank Transit/Routing Number:	Account Number:	Net Pay or Amount:
Please check one				
Start D	eposit	Stop Deposit	Change Deposit Am	ount

Checking Savings	Bank Name:	Bank Transit/Routing Number:	Account Number:	Net Pay or Amount:
Please check one				
Start D	eposit	Stop Deposit	Change Deposit Am	ount

To start or change a deposit:

If a void check is attached, the first payment after receipt of this form will result in an electronic transmittal of funds to your account(s). A facsimile of your check, will be sent to your JCU email address as .pdf attachment. A Banner PIN will be required to open the attachment (payroll only).

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Your Bank Name Back Cay, State		
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Digit Routing	Number	Your Account Number	

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