EAST TEXAS BAPTIST UNIVERSITY

REQUEST FOR PAYROLL DIRECT DEPOSIT

I hereby authorize East Texas Baptist University to directly deposit all wage compensation due to me into my checking/savings account in the bank (depository) indicated below. Also, if necessary, I authorize debit entries and adjustments for any credit entries in error. I accept total responsibility for the accuracy and completeness of all information submitted and hold the University harmless for any error in that information. *For verification purposes, I am attaching a deposit slip from my checking/savings account.*

Please print or type th	ne following information	n:	
Name:		Date:	
Social Security Num	ber:		
Bank:			
Bank Mailing Addres	ss:		
	City	State	Zip
Bank Transit/ABA N	o:		
Type of Account:	Checking	Savings	
Account Number:			

This authority is to remain in full force and effect until the University and the depository have received written notification of its termination in such time and in such manner as to afford the University and depository a reasonable opportunity to act on it.

Signed: _____