DIRECT DEPOSIT
AUTHORIZATION FORM

I hereby authorize Doane University, hereinafter called COMPANY, to initiate credit and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Doane University will notify the employee within 24 hours of any reversing or adjusting entries that will be made, and the reason necessitating the reversal. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. All ACH transactions initiated hereunder are to be governed in all respects by and must comply with the provisions of the U.S. Law. This form will replace all previous versions of my direct deposit information.

To view and print paycheck vouchers, please visit www.doane.edu/wa.

Date_____ **Name**_____
(please print)

Last 4 of SSN:_____**Birthdate**:_____

Signature_____

Account #1:

Bank Name_____ Routing # _____
(9 digits)

Account Number_____

☐ Checking Account 100%____ or $_____
☐ Savings Account   100%____ or $_____

Account #2:

Bank Name_____ Routing # _____
(9 digits)

Account Number_____

☐ Checking Account 100%____ or $_____
☐ Savings Account   100%____ or $_____

Account #3:

Bank Name_____ Routing # _____
(9 digits)

Account Number_____

☐ Checking Account 100%____ or $_____
☐ Savings Account   100%____ or $_____

Deposit slip ONLY if routing number matches on checks
Tape your copy of a check or a voided check here.
For new information.

HR Office Use Only: **Verbal Confirmation required for Direct Deposit Changes**

Confirmed By:_____ **Date:**_____