WILLAMETTE
THE FIRST UNIVERSITY IN THE WEST

PAYROLL USE ONLY	
CODE	

Willamette University – Electronic Deposit Authorization Form

_____ ID# _____
Employee Name (please print)

Financial Institution _____ ☐ **Checking** ☐ **Saving**

Please circle one: New enrollment Change bank/amount Stop

Routing #

Account #

Deposit amount: Remainder of net pay or $ _____

I hereby authorize Willamette University to initiate credit (and appropriate debit and adjustment entries) to the account as indicated above. This authorization is to remain in full force and effect until I have completed a new payroll form in a timely manner. I further acknowledge that my employee pay advice will be made available to me through a secure internet web site. If I choose to receive paper pay advice, I will contact Payroll department to arrange the request.

Employee signature _____ _____
Signature Date

Please attach voided check if available to this form and submit to the Payroll Office by 15th of the current month to be effective for that month's payroll.

****** PLEASE REMEMBER TO CONTACT PAYROLL BEFORE YOU CLOSE YOUR BANK ACCOUNT ******