



Lincoln University

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Payroll Department

Phone: 484-365-7420

Fax: 484-365-8050

Authorization for Electronic Payment Service (Direct Deposit)

Please check one of the following boxes:

Initial Authorizations Change of Financial Institution
 Change of Account Number Add Account

Employee Name: _____ ID: _____

Name of Financial Institution: _____	
Address: _____	
Type of Account:	Routing Number: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number: _____
Amount to Deposit:	
<input type="checkbox"/> Entire Paycheck <input type="checkbox"/> Specific Amount, please indicate: \$ _____	

Name of Financial Institution: _____	
Address: _____	
Type of Account:	Routing Number: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number: _____
Amount to Deposit:	
<input type="checkbox"/> Entire Paycheck <input type="checkbox"/> Specific Amount, please indicate: \$ _____	

Please check the following boxes:

I authorize Lincoln University (hereafter referred to as "Employer") to deposit my periodic pay into my account identified as and held at the Financial Institution named above and I authorize that such account exists and that the Financial Institution can make deposits without responsibility for correctness of such amounts.

My authorization will remain in effect until I give a written notice to terminate this authorization to my Employer at least 10 days prior to actual termination (to allow my Employer to act upon it).

I have provided a voided check solely for the purpose of verifying my account number and financial institution's routing number.

Employee Signature: _____

Date: _____