



APPLICATION FOR DIRECT DEPOSIT

Name: _____
(please print)

University ID: _____

I, hereby authorize Trinity University to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to the following account(s) for the amount(s) indicated.

Bank Name	Routing Number <small>(first 9 digits on the lower left corner of your checks)</small>	Account Number	Amount <small>(All, Net, or specify amount if more than one account)</small>	Account Type <small>(state if a Checking or Savings account)</small>

This authority is to remain in full force until Trinity University has received written notification from me of its termination in such time and in such manner as to afford Trinity University and my bank a reasonable opportunity to act on it.

*You may have to allow at least one pay period before the direct deposit will take effect.

Signature _____

Date _____

*Return to Payroll Office

To be completed by Payroll Office:

This direct deposit will be effective on Pay Date _____ Processor Initials _____