



WARNER UNIVERSITY

# DIRECT DEPOSIT AUTHORIZATION FORM

Name: \_\_\_\_\_

Warner University makes direct deposits of your payroll to any financial institution you designate. By completing this form and signing below, you give Warner University the authorization to deposit your payroll through our payroll institution, MIDFLORIDA Federal Credit Union. You do **not** have to have an account with MIDFLORIDA for your payroll to be direct deposited. You may designate your payroll funds to more than one account and to more than one financial institution. This request will remain in effect until **written notification** of a change or cancellation is given.

PRIMARY ACCOUNT: (DEPOSIT NET PAY)

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings

SECONDARY ACCOUNT:

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount \$: \_\_\_\_\_  Checking  Savings

ADDITIONAL ACCOUNT:

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount \$: \_\_\_\_\_  Checking  Savings

Please note that the employee must also be a signer on the bank account that is provided. If not, the bank may reject the payroll deposit.

TO ENSURE ACCURATE PROCESSING, PLEASE ATTACH A VOIDED CHECK OR FINANCIAL INSTITUTION ACCOUNT VERIFICATION LETTER TO THIS FORM AND TURN IT IN TO THE BUSINESS OFFICE. THE COLLEGE IS NOT RESPONSIBLE FOR INCORRECT ACCOUNT INFORMATION WITHOUT THIS REQUESTED DOCUMENTATION.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date