Student Direct Deposit Authorization

Graceland University pays its employees by direct deposit only to a checking or savings account at a bank, credit union, or savings and loan of their choice within the continental United States.

I, hereby authorize Graceland University to deposit my payroll funds to my account(s) listed below:
Account Information Checking or Savings
Name of Financial Institution:
City, State, Zip of financial institution:
Telephone number of financial institution: ()
Routing Number of financial institution (always 9 numbers):
Account Number:
Please attach a voided check. Deposit slips will not be accepted.
This authority will remain in full force and effect until Graceland University has received written notification from me of its termination. I understand that such termination or change to a different institution and/or account must be made in writing by the 15 th of the month in which I wish to make it effective.
Employee Signature ID NO
Date