



# DIRECT DEPOSIT AUTHORIZATION

Payroll Department  
3201 Arch St., Suite 400  
(215) 895-2885

I am an employee of:  Drexel University  
 Drexel University College of Medicine

Election for direct deposit requires full net pay to be distributed between checking and savings accounts listed.

All direct deposits will be pre-noted (tested) and take effect the second pay after processing by the Payroll Dept.

A copy of a check or a direct deposit form from the bank must be provided for each account listed below.

Employee Name: \_\_\_\_\_ University ID Number: \_\_\_\_\_

1.	Bank Transit/Routing Number: (9 digits)	Bank Name and Phone Number:
	Account Number:	Entire net pay will be deposited to this account <i>after</i> the partial deposits listed below have been deducted.
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop
2.	Bank Transit/Routing Number: (9 digits)	Bank Name and Phone Number:
	Account Number:	Dollar Amount to be deposited:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change Amount <input type="checkbox"/> Stop
3.	Bank Transit/Routing Number: (9 digits)	Bank Name and Phone Number:
	Account Number:	Dollar Amount to be deposited:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change Amount <input type="checkbox"/> Stop
4.	Bank Transit/Routing Number: (9 digits)	Bank Name and Phone Number:
	Account Number:	Dollar Amount to be deposited:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change Amount <input type="checkbox"/> Stop

I hereby authorize Drexel University to direct deposit in the account(s) and financial institution(s) listed above. Such direct deposit(s) will be made on each succeeding payday unless I choose to terminate this agreement in writing. Should funds be erroneously deposited into my account(s), I authorize Drexel University to debit my account for an amount not to exceed the amount of the credit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_