



Direct Deposit Authorization

I. Employee Information

Name _____ Student/Staff ID _____ Date: _____

II. Action Required

Enroll Change Discontinue

III. Financial Institution Information

1.) _____ %
Financial Institution Name Percentage
or
\$ Savings (2)
Transit/ABA Number Account Number Amount

Mark each account with the amount you want deposited or write "NET" to indicate the entire amount.

(1) A voided check or a copy of a check from the checking account must be attached to this form.

(2) Documentation from the financial institution indicating the transit/ABA and account numbers must be attached to this form.

[Your Financial Institution must be able to accept a wire transfer (member of local Automated Clearing House)].

I hereby authorize Lynn University either directly or through its payroll service provider, to deposit any amounts owed me into my account at the financial institution(s) (hereinafter "Bank") indicated on this form.

I recognize that it is my sole responsibility to check with my Bank regarding the availability of my funds after my paycheck has been issued. It is also my sole responsibility to verify my account balance prior to making a withdrawal on my account.

This direct deposit authorization is to remain in full force and effect until Lynn University has received written notice from me of its termination in such time and in such manner as to afford the employer and Bank reasonable opportunity to act on it.

IV. Depositor's Signature (Both account holders must sign if joint account)

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form to Employees Services located in the Green Center or fax to: (561) 237-7926