

DIRECT DEPOSIT

PRINT EMPLOYEE NAME				
Phone Number	SOCIAL SECURITY NUMBER	LAST	FIRST	M.I.
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS				
I HEREBY AUTHORIZE ROWAN UNIVERSITY TO INITIATE CREDIT ENTRIES TO MY ACCOUNT IN THE DEPOSITORY OR BANK NAME BELOW.				
DEPOSITORY OR BANK NAME.				
CITY	STATE	ZIP		
INFORMATION TO BE OBTAINED FROM YOUR BANKING INSTITUTION				
ROUTING NUMBER	-----	ACCOUNT NUMBER		
	(NINE DIGITS REQUIRED)	(UP TO SEVENTEEN DIGITS PERMITTED)		
ACCOUNT TYPE	CHECK ONE		CHECKING	
		SAVINGS	Amount \$	Secondary
THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ROWAN UNIVERSITY HAS RECEIVED WRITTEN NOTIFICATION, IN ACCORDANCE WITH PUBLISHED SCHEDULES, FROM ME OF ITS TERMINATION.				
DATE		SIGNATURE		Rowan ID