

MULTNOMAH



UNIVERSITY

Authorization for Automatic Payroll Deposits

The following authorization gives Multnomah University authority to deposit your pay to your account.

Please complete the form below and attach a voided check from your account or follow the steps to have your financial institution send the necessary information to Multnomah.

Employee Name _____

(Please Print)

I hereby authorize Multnomah University

to initiate credit entries to my: Checking Savings account

In the amount designated: Full Partial in the amount of \$ _____

Financial Institution _____
(Required)

City _____ State _____

If you have checks attach a voided check here.

OR If you do **NOT** have checks contact your financial institution and let them know you are requesting direct deposit. A representative from the financial institution can either E-mail, fax or provide in writing the following information:

Their routing number and your account number

Email: spetersen@multnomah.edu Fax: 503.251.6761

This information must come from your financial institution.

This authority is to remain in effect until Multnomah University has received written notification from me of its termination in such time and in such manner as to afford Multnomah University a reasonable opportunity to act.

Signature _____ **Date** _____