



Direct Deposit Authorization

*****MVNU Requires All Disbursements to Students and Employees be Made by Direct Deposit*****

Name: _____ ID #: _____ Effective Date: _____
(Please print)

Bank Name:	Bank Routing Number:	Account Number:	Account Type: <small>(Checking or Savings)</small>	Percentage:
				%
				%
				%
			Total:	100 %

I authorize Mount Vernon Nazarene University to credit the above account(s) for direct deposit of any and all amounts due to me from the University. I understand this agreement will remain in effect until I notify MVNU in writing. I also understand that this notification must be made no later than 10 days before the scheduled direct deposit date to allow sufficient time for the payment to be stopped.

Your Signature: _____

Today's Date: _____

Please Attach a Voided Check

or Pre-Printed Deposit Slip Here