



Direct Deposit Authorization

Your Name: _____ ID #: _____ Effective Date: _____

Bank Name: _____ Routing No: _____ Account No: _____ Account Type: _____
Checking
Savings

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: _____

Send Completed Form To:
MVNU
Accounting Department
800 Martinsburg Road
Mount Vernon, OH 43050

Please Attach a Voided Check Here