



Direct Deposit Authorization

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Bank Name:	Routing No:	Account No:	Account Type:	*% / \$
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

\*If you would like your disbursement deposited into more than one account, please indicate the percentage or amount desired.

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.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Send Completed Form To:  
 MVNU  
 Department of Human Resources  
 800 Martinsburg Road  
 Mount Vernon, OH 43050

Please Attach a Voided Check Here

\* Please do not provide a deposit slip as it does not contain all of the needed information