

WIDENER UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION FORM
CHECKING ACCOUNT

I hereby authorize Widener University to initiate an electronic transaction to my account at the financial institution indicated below. I request that 100% of my NET PAY be deposited to this account. I understand this authorization applies to both credits (deposits) authorized herein and debits (withdrawals) required to correct overpayments previously deposited to which I am not entitled. This authority is to remain in force until Widener University has received written notice of my intention to revise this election and has been given a reasonable opportunity to act on my request.

In order to establish Direct Deposit, it is necessary to obtain information directly from a voided personal check from your account. Before transmitting this form to the Payroll Office, please print VOID in bold letters on BOTH the signature line of the check and the endorsement section of the reverse side of the check.

Or complete the following: Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____

***Please Staple
Voided Check Here***

NAME:(please print) _____

WIDENER ID NUMBER (Located on Campus One ID Card) _____
(Not Required if Not Known)

ADDRESS: _____

TELEPHONE NUMBER or WIDENER EXT: _____

I understand that I will **NOT** receive a paper copy of each pay statement but will be able to print and view a copy of my current and also some past payment statements from the Web Advisor.

Signature

Date