

**WIDENER UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION FORM**

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 your banking institution's routing number and account number. If you require any assistance with these numbers, please contact your financial institution. Please complete the following:

Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____

Please check one of the following:

- CHECKING ACCOUNT**
 SAVINGS ACCOUNT

EMPLOYEE'S NAME :(please print) _____

WIDENER ID NUMBER (Located on Campus One ID Card) _____

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 view and print a copy of my current and also some past payment statements from *my.widener.edu*

Signature

Date

A voided check is beneficial for accuracy; however, it is not required. Please staple voided check here if submitting.