

Authorization for Direct Deposit of Net Pay

Employee Name: _____ ID # _____ Last 4 digits of SSN: _____
(Please print clearly)

I hereby authorize and request George Fox University to deposit my net pay to the following account(s):

Bank One: ___ Checking/Share Draft ___ Savings

Account #: _____ Financial Institution: _____

** Percentage or fixed amount to this account _____

Bank Two: ___ Checking/Share Draft ___ Savings

Account #: _____ Financial Institution: _____

** Percentage or fixed amount or remainder to this account _____

Bank Three: ___ Checking/Share Draft ___ Savings

Account #: _____ Financial Institution: _____

** Percentage or fixed amount or remainder to this account _____

I agree to receive my pay statements electronically and understand that I can view (and print) them at mygfu.georgefox.edu.

Employee Signature: _____ Date: _____

Please return to Kera Hallman at Box #6108.

A form from your bank with routing and account numbers must accompany this form. (A voided check will also be accepted for checking accounts. A deposit slip is NOT an acceptable form.)



Bank Routing Number
digits between the '1' characters

Your Account Number

Check Number