Print

Authorization for Direct Deposit of Net Pay

Employee Name:_____ **ID #**_____ **Last 4 digits of SSN:**_____
(Please Print.)

I hereby authorize and request George Fox University to deposit my net pay to the following account(s)up to 4:

Bank One: ☐ Checking/Share Draft ☐ Savings
Account #:_____ Financial Institution:_____
Branch:_____ City: _____ State: _____ Zip: _____
** Percentage or fixed amount to this account _____

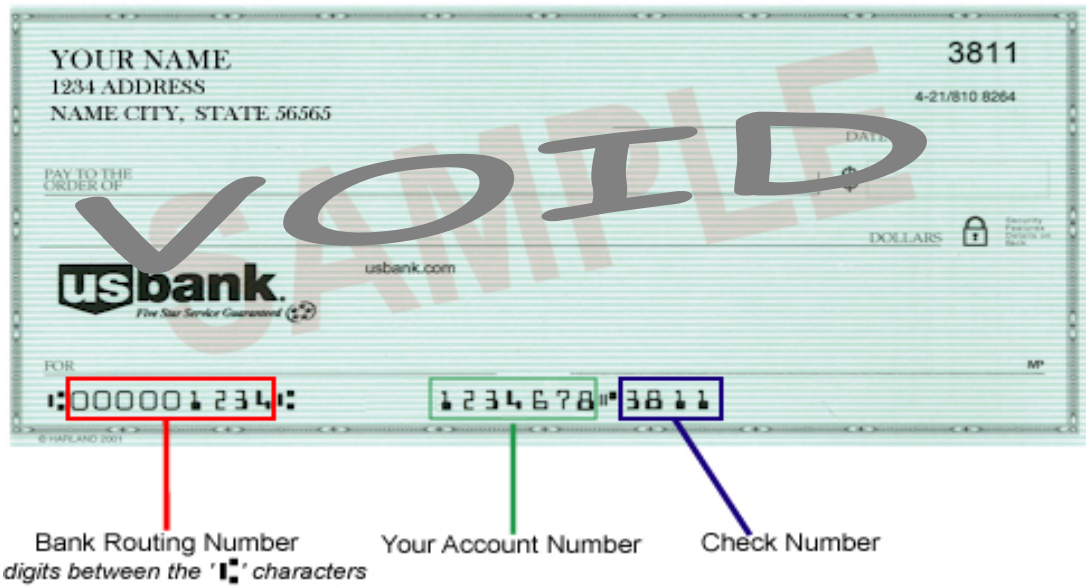
Bank Two: ☐ Checking/Share Draft ☐ Savings
Account #:_____ Financial Institution:_____
Branch:_____ City: _____ State: _____ Zip: _____
**Percentage or fixed amount or remainder to this account _____

Bank Three: ☐ Checking/Share Draft ☐ Savings
Account #:_____ Financial Institution:_____
Branch:_____ City: _____ State: _____ Zip: _____
**Percentage or fixed amount or remainder to this account _____

Bank Four: ☐ Checking/Share Draft ☐ Savings
Account #:_____ Financial Institution:_____
Branch:_____ City: _____ State: _____ Zip: _____
** Remainder of Net Check 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:**_____

A voided check for checking accounts or a deposit slip for savings accounts for each account must accompany this form. Attach the form(s) over the example below.

Please return to Kim Rautenberg at Box #6108.