

Direct Deposit Authorization Agreement

COMPANY

NAME: Metropolitan State University of Denver **COMPANY ID:** 84-0559160

I hereby authorize MSU Denver, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking Savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK DEPOSITORY

NAME: _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ **900#:** _____
(PLEASE PRINT)

Work Telephone Number: _____ **Home/Cell Phone Number:** _____

DATE: _____ **SIGNED:** _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Employee Type:

Full-Time: Faculty, Part-time Faculty Admin/Classified Hourly Administrators, Classified Staff

PLEASE ATTACH VOIDED CHECK OR BANKING INSTITUTION LETTER