

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I Accept Direct Deposit

(Must Complete All Information Below)

COMPANY NAME: Metropolitan State University of
Denver _____

COMPANY ID
NUMBER: 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 Number** _____
(PLEASE PRINT)

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

ATTACH
Voided Personal Check or Banking Institutional Letter
HERE

I Decline Direct Deposit

(Paycheck available for pickup in the Cashiers
Office – Student Success Bldg.)

Print Name

900 #