

**PACIFIC LUTHERAN UNIVERSITY
AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS
FOR FACULTY/STAFF PAYROLL**

A. Employee Name (Please Print) _____

B. Check here if you are a newly hired employee and go to section **C**.
 Check here if you are already on Direct Deposit and go to section **D** or (**E** if applicable).
For Checking (Attach A Voided Check. A xerox is acceptable).
For Savings (Please Contact Your Bank For The **Routing** And **Account** Number).
 Payroll must receive the Agreement by the scheduled Due Date to be effective the **FOLLOWING MONTH**.
RETURN THIS FORM TO PAYROLL - CORNER OF 121ST & PARK (BLDG 12013).

C. Bank Name _____ Branch _____

N Transit Routing Number

E Account Number _____

W Deposit into (Select One) Checking Savings

Go to section **E** if deduction is desired. If not, go to section **F** at this time.

D. Bank Name _____ Branch _____

C Transit Routing Number

H Account Number _____

A Deposit into (Select One) Checking Savings

N My old Account is still open for Direct Deposit until ____/____/____.
MM DD YY

G My old Account is Closed. You will be paid by check the first month while your new account information is being verified by your bank. Any Deduction through Direct Deposit cannot be processed until your new account is in place.

Go to section **F** to complete the form.

E. Rainier Pacific Savings Bank Amount \$ _____

D School Employees Credit Union Of Washington Amount \$ _____

D Transit Routing Number

Account Number _____

U Deposit into (Select One) Checking Savings

C Add Deduction Change Deduction Stop Deduction

T Go to section **F** to complete the form

F. I hereby authorize PLU (1) to initiate credit entries to my account number listed above at the depositories named above and (2) initiate if necessary, debit entries or adjust for any credit error. This authorization is to remain in full force and effect until I submit a new authorization form.

SIGNATURE> **PLU ID>** **DATE>**