

APPLICATION FOR DIRECT DEPOSIT

I, _____
(Please Print Name)

SSN# _____

hereby authorize Trinity University to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to the following accounts(s) for the amount(s) indicated.

	Bank Name	Routing Number <small>(first 9 digits on the lower left corner of your checks)</small>	Account Number	Amount <small>(All, Net, or specify amount if more than one account)</small>	Account Type <small>(Circle one)</small>
1.	_____	_____	_____	_____	Checking Savings
2.	_____	_____	_____	_____	Checking Savings
3.	_____	_____	_____	_____	Checking Savings
4.	_____	_____	_____	_____	Checking Savings

This authority is to remain in full force until Trinity University has received written notification from me of its termination in such time and in such manner as to afford Trinity University and my bank a reasonable opportunity to act on it.

**You may have to allow at least one pay period before the direct deposit will take effect.*

Signature _____

Date _____

****Return to Payroll Office***

To be completed by Payroll Office:

This direct deposit will be effective on Pay Date _____ Processor's Initials _____