

Direct Deposit Authorization Agreement Form

I hereby authorize Hannibal-LaGrange University to electronically deposit my monthly payroll check into the bank account(s) listed below.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Bank Information

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Account Type  Checking  Savings

Amount to be Deposited \_\_\_\_\_

(leave blank if entire amount will be deposited to this account)

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Account Type  Checking  Savings

Amount to be Deposited \_\_\_\_\_

(leave blank if entire amount will be deposited to this account)

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Account Type  Checking  Savings

Amount to be Deposited \_\_\_\_\_

(leave blank if entire amount will be deposited to this account)

Signature \_\_\_\_\_

Note: Be sure to attach a cancelled check, photocopy of a check, or savings account statement.