

MISSISSIPPI COLLEGE

A Christian University

Payroll Direct Deposit Authorization

I hereby authorize Mississippi College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) indicated below and the depository institution named below to credit and/or debit the same such account.

Pay to the order of _____ \$ _____		001
For _____		
⋮ 1 2 3 4 5 6 7 8 9 0 ⋮	1 2 3 4 5 6 7 8 9 1 0	0 0 1
Routing Number	Account Number	Check #

VOIDED CHECK REQUIRED (NO DEPOSIT SLIPS)

Bank Name _____

Routing Number _____ Account Number _____

Amount/ Percentage To Be Deposited in Checking Account _____ OR Savings Account _____

Bank Name _____

Routing Number _____ Account Number _____

Amount/ Percentage To Be Deposited in Checking Account _____ OR Savings Account _____

Bank Name _____

Routing Number _____ Account Number _____

Amount/ Percentage To Be Deposited in Checking Account _____ OR Savings Account _____

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

Name: _____ MCID: _____

Signature: _____ Date: _____