

# Authorization Agreement for Direct Deposit

  
 Lincoln University  
 820 Chestnut Street ❖ Jefferson City, MO 65102-0029

I hereby authorize Lincoln University to initiate credit entries for wages, refunds, or reimbursements, and, if necessary, I authorize correcting entries or adjustments to the account(s) indicated below. This authorization is to remain in effect until Lincoln University Office of Administration and Finance has received written notification from me of its termination; if I do not meet the eligibility requirements; or if Lincoln University is legally obligated to withhold part of my payment for any reason. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to the University for distribution. This will delay your check.

New Authorization     
  Change     
  Cancel Authorization     
 (Check one box only)

Name (print)		ID	Phone # (     )	
Address	City	State	Zip Code	
Signature		Date	Work Phone #	

**Primary Account (Required):** The primary account will be used for refunds and reimbursements

Bank or Financial Institution Name				
Address	City	State	Zip	Phone # (     )
Bank Routing # _____	Account Number _____	Account Type (check one)		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

**Payroll Purposes Only:** If you elect to allocate a portion of your pay to an additional banking institution(s), please complete the following. Any remaining amounts will be deposited into the primary account listed above.

Name of additional Bank or Financial Institution (optional)				
Address	City	State	Zip	Phone # (     )
Bank Routing # _____	Account Number _____	Account Type (check one)		Amount
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> \$ _____

Name of additional Bank or Financial Institution (optional)				
Address	City	State	Zip	Phone # (     )
Bank Routing # _____	Account Number _____	Account Type (check one)		Amount
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> \$ _____

❖ **Affix original voided check; or memo from your banking institution to verify routing and account numbers.**

❖ Complete form and send to Office of Administration and Finance, 306 Young Hall.