



Payroll Direct Deposit Authorization

I _____ (please print legibly) authorize Bethany Theological Seminary to initiate direct deposit credit entries to my bank account(s) indicated below. **[Note: This supersedes previous Direct Deposit instructions. Enter all banking information for all direct deposits.]** In the event of an overpayment or payment error, I hereby authorize initiation of debit entries to my account in the amount of any payment error:

1. Name of Bank _____

ABA-Transit # _____ Account # _____

Checking/Savings/Health Savings (circle one): Deposit \$ _____ or Entire NET ___ (check here)

2. Name of Bank _____

ABA-Transit # _____ Account # _____

Checking/Savings/Health Savings (circle one): Deposit \$ _____ or Entire NET ___ (check here)

3. Name of Bank _____

ABA-Transit # _____ Account # _____

Checking/Savings/Health Savings (circle one): Deposit \$ _____ or Entire NET ___ (check here)

4. I would like any remaining pay issued to me by payroll check _____ (check here)

This authorization will remain in effect as long as I remain employed by Bethany Theological Seminary, unless I notify the Business Office in writing that I wish to discontinue or make changes in any of the amounts listed above.

Employee's signature

Date