

Direct Deposit Authorization

Complete this form to enroll in or change your direct deposit settings. Please attach a voided check or bank letter verifying your account information.

Employee Information

First Name

Last Name

Employee ID

Department *

Email Address *

Phone Number

Bank Account Information

Bank Name *

Routing Number (9 digits) *

Account Number *

Account Type *

Checking

Savings

Authorization

I authorize Wiley University to deposit my pay directly to the account listed above.

Employee Signature

Sign above

Date: _____