

## DIRECT DEPOSIT

PRINT EMPLOYEE NAME				
Phone Number	SOCIAL SECURITY NUMBER	LAST	FIRST	M.I.
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS				
I HEREBY AUTHORIZE ROWAN UNIVERSITY TO INITIATE CREDIT ENTRIES TO MY ACCOUNT IN THE DEPOSITORY OR BANK NAME BELOW.				
DEPOSITORY OR BANK NAME _____				
CITY	STATE	ZIP		
INFORMATION TO BE OBTAINED FROM YOUR BANKING INSTITUTION				
ROUTING NUMBER	(NINE DIGITS REQUIRED)	ACCOUNT NUMBER	(UP TO SEVENTEEN DIGITS PERMITTED)	
ACCOUNT TYPE	CHECK ONE	CHECKING	SAVINGS	amount \$ _____ (secondary)
THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ROWAN UNIVERSITY HAS RECEIVED WRITTEN NOTIFICATION, IN ACCORDANCE WITH PUBLISHED SCHEDULES, FROM ME OF ITS TERMINATION.				
DATE	SIGNATURE	Rowan ID		