AUTHORIZATION AGREEMENT For AUTOMATIC DEPOSITS

I authorize Furman University to initiate credit entries equivalent to my net pay to my account(s) indicated below and the financial institution(s) named below to credit the same to such account. In the event of overpayment to my account, I authorize Furman University to make an adjusting debit entry to my account up to the amount of overpayment.

Financial Institution: _____

Transit #: _____

City and State: _____

Account #: _____ Checking or Savings: $$ _____

Financial Institution: _____

Transit #: _____

City and State: _____

Account #: _____ Checking or Savings: $$ _____

Financial Institution: _____

Transit #: _____

City and State: _____

Account #: _____ Checking or Savings: $$ _____

TO ASSURE ACCURACY, PLEASE ATTACH A VOIDED CHECK WITH THE NUMBERS AT THE BOTTOM EDGE CLEARLY VISIBLE.

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

Please Print Clearly

Employee Name: _____

Social Security Number: _____

Home Address: _____
(Street)

_____ _____ _____
(City) (State) (Zip code)

Employee Signature: _____ Date: _____