



WILLAMETTE UNIVERSITY -- Authorization for Electronic Deposit of Payroll

Employee Name (please print)

Start \$ _____ Stop _____

Financial Institution

Change From \$ _____ to \$ _____

Checking Savings

I authorize Willamette University to withhold \$ _____ from my wages each pay period and
(or Net Pay)
forward said funds to the above named financial institution. I authorize the above named institution to
accept and distributed said funds in the manner designated by me.

I understand that this authorization will override any previous authorization, and will remain
in effect until Willamette University has received written notification of its termination.

Signature

Date

Return form (with a voided check attached) to the Payroll Office in Waller Hall.

Direct Deposit or account changes must be submitted by the 15TH of the current month
to be effective for that month's payroll.