



CASE WESTERN RESERVE UNIVERSITY
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS OF PAYROLL CHECKS

Employee Name (Please Print) Employee ID
Case Network ID Work No.

I hereby authorize Case Western Reserve University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) below, and the Bank named below to credit and/or debit the same to such account.

If you open multiple accounts, Account 5 must contain the balance of your deposit.

Bank Information

- Account Type
Checking
Savings
Other

Bank or Fund Branch
City State Zip Code
Transit/ABA No. Account No.
Amount Percentage
Account 1

- Account Type
Checking
Savings
Other

Bank or Fund Branch
City State Zip Code
Transit/ABA No. Account No.
Amount Percentage
Account 2

- Deposit Type
Amount
Percentage

- Account Type
Checking
Savings
Other

Bank or Fund Branch
City State Zip Code
Transit/ABA No. Account No.
Amount Percentage
Account 3

- Deposit Type
Amount
Percentage

- Account Type
Checking
Savings
Other

Bank or Fund Branch
City State Zip Code
Transit/ABA No. Account No.
Amount Percentage
Account 4

- Deposit Type
Amount
Percentage

Continues on reverse...

Account Type

Balance

Bank or Fund _____ Branch _____
City _____ State _____ Zip Code _____
Transit/ABA No. _____ Account No. _____

Account 5

ATTACH DEPOSIT SLIP OR VOIDED CHECK FOR EACH ACCOUNT HERE

PLEASE NOTE: DUE TO THE DIFFERENCE IN TRANSIT/ROUTING NUMBERS ON DEPOSIT SLIPS AND CHECKS, A VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCOUNTS. DEPOSIT SLIPS CAN ONLY BE ACCEPTED FOR SAVINGS ACCOUNTS.

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

Signature _____ Date _____