



Payroll and 6 W X G H Q W 5 H I X Q G Disbursements

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Authorization Agreement for Automated Deposits

New Authorization Change of Account Amount Change Only Temporary

Name _____ Bear number _____
(Please Print)

(Check One) Student/TA/GA Classified University Aide/Technical Professional Faculty/Exempt

UNC Department (if employee) _____ Daytime Phone No. _____

I hereby authorize the University of Northern Colorado to make payment of any amounts owed to me by initiating credit entries to the account I have provided. I understand and agree that if an erroneous credit is made to my account that the University and financial institution are authorized to stop the entry, or make any adjustments necessary to my account to correct the erroneous entry. I understand that this authorization will remain in effect until cancelled in writing. All payments will be automatically deposited to the primary account listed below.

Date _____

Primary Account: Checking Savings

(Full amount of deposit if only primary account exists, and remaining balance of deposit if secondary account exists)

Tape VOIDED CHECK for the direct deposit account requested here.

- x Deposit slips are only allowed for savings accounts only LI WKH URXWLQJ QXPEHU GRHV QRW EHLJ
- x If you GRQ W XVH FKHFNV DVN \RXU do not include the bank name, routing number, or account number and name.

, I \RX DUH UHTXHVWLQJ IXQGV EH GLVEXUVHG WR VRPHRQH HOVH V EDQN
3, KHUHE \ DXWKRULJH 81 & WR GLB WBLEBWH DCC RQIGHUWSH B B B B B B B B B B B B
WKH 8QLYHUVLW \ KDUPOHVV LQ VXEPLWWLQJ WR DQRWKHU SHUVRQ

Secondary Account: (3 D \ U R O O R Q O \) specify amount (\$) or Amount / Percent Savings Checking

Tape VOIDED CHECK for the direct deposit account requested here.

- x Deposit slips are only allowed for savings accounts LI WKH URXWLQJ QXPEHU GRHV QRW EHLJ
- x +ÖÖ= \«ú 3ü ~à%ll:Û!CE/EpE¿th Street, Campus Box 5, Greeley, CO 80639