

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT CREDITS AND DEBITS

I hereby authorize University of Detroit Mercy to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below. I have attached a voided check for each account.

**Please note: If some allocations are in dollar amounts, one allocation must be 100%.  
Otherwise, all allocations must be percentages totaling 100%.  
(i.e., 100% to checking, \$50 to savings or 90% to checking, 10% to savings)**

Name of Financial Institution	Transit/ABA No.	Account No.
Type Of Account	Authorized Deduction Amount	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ / % <b>(circle one)</b>	

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Type Of Account	Authorized Deduction Amount	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ / % <b>(circle one)</b>	

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Type Of Account	Authorized Deduction Amount	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ / % <b>(circle one)</b>	

The authority is to remain in full force until the University of Detroit has received written notification from me (or either of us) of its termination in such timely manner as to afford the University of Detroit Mercy and financial institution a reasonable opportunity to act on it.

Employee Name	Employee Signature	Date
Joint Account Name	Joint Account Signature	Date

**PLEASE ATTACH  
VOIDED CHECK HERE**