



AUTHORIZATION FOR DIRECT DEPOSIT

Name: _____

Social Security Number: _____

With my signature, I authorize Muskingum University to electronically deposit future paychecks in the following bank account:

Institution's Name: _____

Address: _____

Pay Advices/Stubs can be viewed online through Muskie Link.

I understand that this transaction will be effective with the last payroll of next month, _____ .

Attached to this form is a voided check from my account in the above named bank.

Employee's Signature

Date

Attach voided check here.