

Northwest Nazarene University

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC PAYROLL DEPOSITS**

Bank Depository Name: _____

Branch/ Address: _____

City: _____ State: _____ Zip: _____

Bank Account Number: _____

Checking Account: _____ Savings Account: _____ (Please Check One)

Employee Name: _____ Employee ID# _____

I hereby authorize Northwest Nazarene University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the above named depository to credit and/or debit the same to my account.

This authority is to remain in full force and effect until Northwest Nazarene University has received written notification from me of it's termination in such time and in such manner as to afford NNU a reasonable opportunity to act.

Signature: _____

Date: _____

Please attach a voided check. Payroll **cannot** process this authorization without a voided check.