



Employee ID# \_\_\_\_\_  
Entered Datatel \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEPOSITS (ACH CREDITS)**

Effective with the Payroll date of \_\_\_\_\_ (month/day/year). I hereby authorize Shenandoah University to initiate credit entries to my checking or savings account indicated below and I authorize the depository named below to credit the same to such account.

Depository Name (Bank or Financial Institution) \_\_\_\_\_

Branch \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing#/Transit#/ABA# \_\_\_\_\_ Checking Acct# \_\_\_\_\_ \*\$ \_\_\_\_\_

Routing#/Transit#/ABA# \_\_\_\_\_ Savings Acct # \_\_\_\_\_ \*\$ \_\_\_\_\_

\*(designate a specific amount only if you elect more than one automatic deposit)

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

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Please Print

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pay advices can be viewed online at the SU portal using web advisor. Pay advices are not printed by the Payroll Office.

To ensure your pay is deposited correctly and on time, a voided check or a document from the bank with the required account and routing numbers must be attached to this form before it will be processed.

This request must be received by the Payroll at least 7 working days prior to the payday that this Automatic Deposit is to take place.