



**NORTH AMERICAN  
UNIVERSITY**  
INSPIRATION INNOVATION GLOBAL COMPETENCE

## **DIRECT DEPOSIT AUTHORIZATION**

TO SIGN UP FOR DIRECT DEPOSIT, Complete Section 1 and Section 2

### **SECTION 1: EMPLOYEE INFORMATION**

NAME OF EMPLOYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the following designated account. This authorization will remain in effect until the foundation has received written notification from me that it is to be terminated in such time and manner for the foundation to act on it. If the foundation erroneously deposits funds into my account, I authorize the foundation to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

### **SECTION 2: FINANCIAL INSTITUTION INFORMATION**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

TYPE OF DEPOSITORY ACCOUNT: \_\_\_\_\_ CHECKING

\_\_\_\_\_ SAVINGS

Note: Please attach a voided check.