



HARDING UNIVERSITY

Direct Deposit Authorization Form

Please indicate the bank you want your payroll check deposited to:

(Name of Bank)

Print name as shown on bank account: _____

Indicate account number for deposit: _____

Indicate what type of bank account for deposit:

Checking Savings

I hereby authorize Harding University to deposit my biweekly/monthly paycheck directly to my bank account.

Social Security Number

Signature

Date

PLEASE ATTACH A BLANK COPY OF A CHECK.

***Please be aware that all direct deposit forms take two weeks to process.**