



Direct Deposit Authorization

I, _____, do hereby authorize the direct deposit of my Bethel University payroll check into the following account;

Financial Institution Name _____ Checking _____ Savings _____

ABA Routing Number _____ Account Number _____

*Please Attach Voided Check
or Direct Deposit
Authorization Letter*

Important! Please read and sign before submitting.

INITIAL

CANCELLATION / CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Bethel University. Payments to you will be deposited into the account designated below until the Payroll Department is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that Bethel University has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the University by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. Please **DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING** the Payroll Department and the Business Office.

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an over-payment, the University reserves the right to debit your account for an amount not to exceed the amount of the erroneous EFT payment. In the event that a debit adjustment cannot be implemented, the University may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, the account holder acknowledges his/her acceptance of these terms and conditions.

I certify that I have read and understand the information above. I authorize Bethel University, to deposit payments and make over-payment adjusting debits to my account as designated below. I certify that I am authorized to enter into this agreement on behalf of the account holder.

Date

Signature