

**NAVAJO TECHNICAL UNIVERSITY  
EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

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NAME ON ACCOUNT: \_\_\_\_\_ S.S. #: ON FILE

NAME OF BANKING: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
Or write Net for Total Check Amount

BANK ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

ROUTING/ABA#: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
#'s on the bottom of the Check Your Bank Account Number

TYPE OF ACCOUNT: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ CASHPAY \_\_\_\_\_

TYPE OF REQUEST: NEW \_\_\_\_\_ CHANGE \_\_\_\_\_ DELETION \_\_\_\_\_

This authorization is to remain in full force and effective until the Company Payroll Office has received written notification from Account Holder to terminate/stop Direct Deposit. This will enable the Company and Depository a reasonable opportunity to act on it.

(Changes made to customers account number/routing number will require pre-notification)

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I hereby authorize **Navajo Technical University** hereinafter called the COMPANY to initiate credit entries and and if necessary, debit entries, adjustments for and credit entries made in error to my checking account or savings account indicated above and depository named above, hereinafter called DEPOSITORY, to credit and or debit the same to such account. I am the authorized signor on the account indicated above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

(Please attach a VOIDED current Check here)