

# Direct Deposit

## Credit/Debit Authorization Form

I (we) hereby authorize McMurry University to initiate entries to my checking and/or savings accounts at the financial institution listed below (The Financial Institution), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until McMurry University is notified by me (us) in writing to cancel it in such time as to afford McMurry University and "The Financial Institution" a reasonable opportunity to act on it.

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(Name of Financial Institution)

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(Address of Financial Institution – Branch, City, State & Zip)

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(Employee Signature)

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(Date)

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(Employee Name – PLEASE PRINT)

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(Employee Address – PLEASE PRINT)

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Set Amount to Account \_\_\_\_\_ OR

Net Amount of Pay Check \_\_\_\_\_

Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

(Located between these symbols I: :I on the bottom of your check)