



National Park College

Authorization Agreement for Direct Deposits

I, _____ do hereby authorize the above name company, hereinafter referred to as the Originator, to initiate
 (Print Name)
 credit entries to the account indicated below, and to initiate corrective reversal entries (debits) to the account indicated below in the event any credit entries are originated in error.

Name on the Account _____

Name of Depository
 Financial Institution _____

Location of Depository Financial Institution:

City: _____ State _____ Zip _____ Phone _____

Routing Number _____ (nine digits on left side of check)

Account Number _____ (middle number, before check number)

Checking _____ % of Net Pay or Set Dollar Amount _____

Savings _____ % of Net Pay or Set Dollar Amount _____

I understand certain financial institutions have a high fraud risk, which may result in my account being compromised. This authority is to remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NPC ID _____ SSN _____

Signed _____ Date _____

AFFIX VOIDED CHECK OR BANK ORIGINATED INFORMATION BELOW

Deposit Slips are not acceptable

(Return Completed Authorization to the Payroll Office.)

