

**EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



**BANK INFORMATION**

Type of account:

Primary

Checking

Financial Institution name: \_\_\_\_\_

Savings

Routing Number (9 digits)  
\_\_\_\_\_

Deposit

Net Pay \_\_\_\_\_

Account Number

% \_\_\_\_\_

Flat \$ Amount \_\_\_\_\_

Type of account:

Secondary

Checking

Financial Institution name: \_\_\_\_\_

Savings

Routing Number (9 digits)  
\_\_\_\_\_

Deposit

Net Pay \_\_\_\_\_

Account Number

% \_\_\_\_\_

Flat \$ Amount \_\_\_\_\_

3 → NAME OF DEPOSITOR  
STREET ADDRESS  
CITY, STATE

101

19

PAY TO THE ORDER OF: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

4 → NAME OF YOUR BANK

5 → Payable Through Another Bank

For \_\_\_\_\_

⑆021001082⑆ 123 456 789 0101

1 ROUTING NUMBER      2 ACCOUNT NUMBER      CHECK NUMBER

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"

2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol **■ ■ ■** appears on the check or card.

3. ACCOUNT TITLE (must include employee name)

4. FINANCIAL INSTITUTION NAME

5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

**Important! Please read and sign before completing and submitting.**

I hereby authorize Illinois Wesleyan to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Illinois Wesleyan University to my account. In the event Illinois Wesleyan University deposits funds erroneously into my account, I authorize Illinois Wesleyan University to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee name \_\_\_\_\_ IWU ID # \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_