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Employees may designate payment by direct deposit or by Payroll Card. If no direct deposit information is provided, employees will be paid using a Payroll Card.

NamePhone Nu		none Numb	umber		
Banner ID or SS#Xavie		avier Email	Email		□ Faculty □ Support Staff □ Student
I designate payment by: DIRECT DEPOSIT (Complete and sign below) DAYROLL CARD (Sign below)					
COMPLETE if Direct Deposit was selected:			Address where card should be mailed:		
•	elect direct deposit for up to four accoun ple forms if necessary). NT 1				
	Institution Checking		Amount:	□ 100%	
Type. $\Box$	You must attach a voided check below.				ollar amount \$
	Savings You must contact your bank for its ABA number and write it here			•	
ACCOUNT 2					
	Institution				
Type:	Checking You must attach a voided check below.		Amount:	□ 100%	
	Savings			•	ollar amount \$
	You must contact your bank for its ABA number and write it here			□ Other	
AUTHORIZATION					
I hereby authorize Xavier University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) or Payroll Card I have indicated above. This authority is to remain in full force and effect until Xavier University has received written notification from me of its termination in such time and in such manner as to afford Xavier University a reasonable opportunity to act on it.					
Signature				Date	
CHECKING: Attached voided check here. Do not use a deposit slip.					
SAVINGS: Attach pre-printed deposit slip here.					
A letter from your bank or a copy of an account card can be substituted for the above.					
Return to Payroll Department (ML 4531)					
C07391-1101/2-51122/1M5C					