



KEAN UNIVERSITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize **KEAN UNIVERSITY** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my bank accounts indicated below and the financial institutions named below to credit and/or debit the same to such account.

PRIMARY ACCOUNT

_____ CHECKING ACCOUNT **select only one**
_____ SAVINGS ACCOUNT **type of account**

Name of Financial Institution _____

Address or Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____

Account Number _____

SECOND ACCOUNT

(if applicable)

_____ CHECKING ACCOUNT **select only one**
_____ SAVINGS ACCOUNT **type of account**

_____ PERCENT OF NET PAY (remainder will be deposited to your Primary Account)

Or

_____ FIXED AMT (remainder will be deposited to your Primary Account)

Name of Financial Institution _____

Address or Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____

Account Number _____

This authority is to remain in full force and effect until Kean University has received written notification from me of its termination in such time and in such manner as to afford the University and the Financial Institution a reasonable opportunity to act on it. It is my responsibility to notify the University immediately, should I close or change this account information.

Name _____

ID Number _____

Date _____ Signed _____

PLEASE ATTACH A PHOTOCOPY OF A VOIDED PERSONAL CHECK FOR A CHECKING ACCOUNT OR A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION FOR A SAVINGS ACCOUNT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PAYROLL DEPARTMENT AT 73170.