

Calvin University Payroll & Accounts Payable Direct Deposit (ACH) Authorization Form

Name (print): _____ Calvin ID #: _____

Faculty/Staff Calvin Email: _____@calvin.edu Student Calvin Email: _____@students.calvin.edu

ACCOUNT 1

Account Type: Checking Savings Status: New Change End

Name of Bank: _____ City, State: _____

Routing number: Account Number: _____

* For Lake Michigan Credit Union (LMCU) * MICR Line Number: _____

Choose One: Fixed Dollar Amount (No Percentage Allowed): _____ OR Full Paycheck Amount

ACCOUNT 2

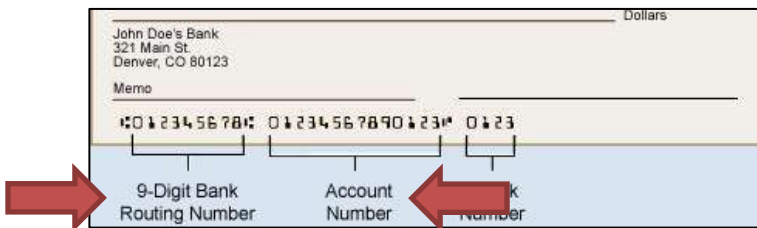
Account Type: Checking Savings Status: New Change End

Name of Bank: _____ City, State: _____

Routing number: Account Number: _____

* For Lake Michigan Credit Union (LMCU) * MICR Line Number: _____

Choose One: Fixed Dollar Amount (No Percentage Allowed): _____ OR Full Paycheck Amount



NOT Debit Card Number

Please provide a **check copy or authorized letter** from the bank, if possible, to help verify information.

Authorization: This authorizes Calvin University to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method to my account(s) indicated above and to other accounts I identify in the future. This authorizes the financial institution holding the account(s) to post such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Calvin University receives a written termination notice from the employee and has a reasonable opportunity to act on it.

Signature: _____ Signed Date: _____

Processing: _____ **Payroll:** _____ **Date:** _____ **A/P:** _____ **Date:** _____