

CONSORTIUM OF UNIVERSITIES  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Consortium of Universities of the Washington Metropolitan Area, hereinafter called the Consortium, to initiate credit entries to my [ ] checking [ ] savings account(s) indicated below and the depository(ies) named below, hereinafter called Depository, to credit the same such account(s), and, in the event a credit is made to my account in error, I authorize the Consortium to make a correcting entry under the condition that I am notified of said adjustment. *(Please attach voided check for checking account and/or withdrawal slip for savings account.)* Note: If you bank with a Credit Union, a Direct Deposit form from your Credit Union must also be completed.

TO MAKE A DEPOSIT TO ONE ACCOUNT PLEASE COMPLETE THIS SECTION:

Amount: \_\_\_\_\_ Checking    Savings

Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Banking Transit ABA: \_\_\_\_\_ Account #: \_\_\_\_\_  
(always 9 digits)

TO MAKE A DEPOSIT TO A SECOND ACCOUNT PLEASE COMPLETE THIS SECTION:

Amount: \_\_\_\_\_ Checking    Savings

Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Banking Transit ABA: \_\_\_\_\_ Account #: \_\_\_\_\_  
(always 9 digits)

This authorization is to remain in full force and effect until the Consortium receives written notification from me of its termination in such time and in such manner as to afford the Consortium a reasonable opportunity to act on it. I understand that it will take from one to three pay cycles to activate direct deposit, and that before it is activated I will be paid via payroll checks.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home Address