

DePauw University
Authorization Agreement for Termination of Automatic Deposits (ACH)

I authorize DePauw University and the financial institution listed below to discontinue the deposit of my pay automatically to the accounts and financial institutions indicated on my most recent Authorization Agreement. If adjusting entries are required to correct errors, these corrections are also authorized. This authorization agreement will remain in effect until I have cancelled this authorization in writing.

Name (please print): _____

Employee Signature: _____

Date: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Please return this form to the Business Office upon completion.

DePauw University Business Office Use Only:

Date Received: _____

Date Processed: _____

By: _____