## **Authorization Agreement**

I hereby authorize Loyola University Maryland to initiate automatic deposits to my account at the financial institution named below. I also authorize Loyola University Maryland to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Loyola University Maryland responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Loyola University Maryland receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Personal Information		
Employee Full Name:		
SSN / Employee ID:		
Account Info	mation	
Name of Financial Institution		avings
Routing Number	Amount	
Account Number		
Name of Financial Institution		avings
Routing Number	Amount	
Account Number		
Name of Financial Institution		avings
Routing Number	Amount	
Account Number		
Signature		
Authorized Signature (Primary)	Date	

Please attach a voided check and return this form to the Payroll Department.