

Application for Direct Deposit

I authorize Belmont University and the financial institution listed below to deposit my pay automatically into my checking account savings account each payday. This authorization will remain in effect until I have cancelled it in writing and permitted a reasonable time for cancellation to be implemented. I have attached a voided check for my checking account or a deposit slip for my savings account.

Name (Please Print)

Belmont ID Number

Employee's Financial Institution

City

State

Checking or Savings Account Number

Check all that apply:

Bi-Weekly

Monthly

Student

Staff

Faculty

Adjunct

Department

Daytime Phone Number

Email Address

Signature

Date

Attach VOIDED check below:
