

**WIDENER UNIVERSITY  
DIRECT DEPOSIT AUTHORIZATION FORM  
SAVINGS ACCOUNT**

I hereby authorize Widener University to initiate an electronic transaction to my account at the financial institution indicated below. I request that 100% of my NET PAY be deposited to this account. I understand this authorization applies to both credits (deposits) authorized herein and debits (withdrawals) required to correct overpayments previously deposited to which I am not entitled. This authority is to remain in force until Widener University has received written notice of my intention to revise this option and has been given a reasonable opportunity to act on my request.

In order to establish Direct Deposit, it is necessary to provide the following information from your bank and have the form signed by its representative.

**TO BE COMPLETED BY EMPLOYEE:**

NAME: (please print) \_\_\_\_\_

WIDENER ID NUMBER (Located on Campus One ID Card) \_\_\_\_\_  
(Not Required if Not Known)

ADDRESS: \_\_\_\_\_

PHONE NUMBER OR WIDENER EXT. \_\_\_\_\_

**TO BE COMPLETED BY FINANCIAL INSTITUTION:**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

CUSTOMER SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

REPRESENTATIVE: (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I understand that I will **NOT** receive a paper copy of each pay statement but will be able to print a copy of my current and also past payment statements from the WebAdvisor screen.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date