EASTERN KENTUCKY UNIVERSITY ELECTRONIC FUNDS TRANSFER AGREEMENT

I request and authorize Eastern Kentucky University Payroll Office, and its designated processing facility, to make electronic deposits and adjustments to my designated account. This authority is to remain in full force and effect until EKU has received written notification from me to terminate this agreement and in such time to afford EKU reasonable opportunity to act on it.

DEPOSITORS NAME (Type or Print Legibly)	
CITY/STATE	SOCIAL SECURITY NUMBER
CHECK ONE:	
La	
Initial Setup	Account Number Change Only
Changing Financial Institution	Additional Savings Account
Financial Institution One:	Financial Institution Two:
	Checking Savings Dollar Amount to Deposit: \$ or Percent of Net to Deposit: % (Use additional forms for more accounts) ADE TO MY ACCOUNT IN ERROR, MY SIGNATURE AUTHORIZES AKE A CORRECTING ENTRY AS NECESSARY.
I.	
Authorizing Signature	Date
FOR HUMAN RESOURCES USE ONLY - (FINANCIAL INSTITUTION MICR INFORMATION)	
Prenote Date	Deposit Date
Financial Institution One	Financial Institution Two
Account Number ABA Number	Account Number ABA Number
1	

Please Attach Documentation from Financial Institution indicating the "Routing Number & Your Personal Account Number"

(deposit slips are not acceptable in most cases!!)

ACH Requirements: After payroll receives this form, the next available pay period will be a prenote - no \$\$\$ deposit (the financial institution verifies account # prior to actual dollar deposit)

The following pay period your specified dollar amount will deposit into our new account!!