I understand that receipt of funds may

I understand this authorization will remain in effect until I have provided written notification to terminate or change banking information to the St. John Fisher University Business Office, Payroll Department or Accounts Payable Department.

Date: _____

Account#1: ☐ Checking ☐ Savings ☐ Accounts Payable: 100% ☒ Payroll: Percent _____ or Amount $ _____

Bank Routing No: _____ Bank Name: _____

Account No: _____

Account#2: ☐ Checking ☐ Savings ☐ Accounts Payable: 100% ☒ Payroll: Percent _____ or Amount $ _____

Bank Routing No: _____ Bank Name: _____

Account No: _____

Account#3: ☐ Checking ☐ Savings ☐ Accounts Payable: 100% ☒ Payroll: Percent _____ or Amount $ _____

Bank Routing No: _____ Bank Name: _____

Account No: _____

Account#4: ☐ Checking ☐ Savings ☐ Accounts Payable: 100% ☐ Payroll: Percent _____ or Amount $ _____

Bank Routing No: _____ Bank Name: _____

Account No: _____