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I understand that receipt of funds may  
 I understand this authorization will remain in effect until I have provided written notification to 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: \_\_\_\_\_