

**Campbell University, Inc.
Direct Deposit of Payroll
Authorization for Automatic Deposits (ACH Credits)**

I hereby authorize Campbell University, Inc. to initiate credit entries or debit corrections to my () checking and/or () savings account indicated below and the financial institution named below to credit the same to such account.

Financial Institution

City State Zip Code

Bank Transit/ABA Number Account Number

(Staple voided check here)

This authority is to remain in full force and effect until Campbell University, Inc. has received written notification from me of its termination in such time and in such manner as to afford Campbell University, Inc, a reasonable opportunity to act on it.

Employee Name Social Security Number

Signature Date

Each employee is required to participate in direct deposit. Please send this page with your voided check to: Campbell University, Elaine Tart, Payroll Office, PO Box 97, Buies Creek, NC 27506.