

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION
ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I hereby authorize my employer, West Virginia University Research Corporation (WVURC), to directly deposit my pay in the bank account(s) listed below in the amounts specified. (If more than one account is designated, deposits are to balance to 100% of wages.) I have attached a voided check for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

I grant WVURC the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment

Name: _____

Address: _____

Telephone (____) _____

Signature: _____ Date: _____

Account#1 **Checking** ☐ **Add** ☐ **Delete** ☐ **Change** **Savings** ☐ **Add** ☐ **Delete** ☐ **Change**

Financial Institution: _____

Address: _____

Telephone (____) _____

Personal Account #: _____

Amount of pay to be deposited in this account: _____

Bank Routing #: _____

Account# 2 **Checking** ☐ **Add** ☐ **Delete** ☐ **Change** **Savings** ☐ **Add** ☐ **Delete** ☐ **Change**

Financial Institution: _____

Address: _____

Telephone (____) _____

Personal Account #: _____

Amount of pay to be deposited in this account: _____

Bank Routing #: _____

Account# 3 **Checking** ☐ **Add** ☐ **Delete** ☐ **Change** **Savings** ☐ **Add** ☐ **Delete** ☐ **Change**

Financial Institution: _____

Address: _____

Telephone (____) _____

Personal Account #: _____

Amount of pay to be deposited in this account: _____

Bank Routing #: _____