

**PACIFIC UNION COLLEGE
HOWELL MOUNTAIN ENTERPRISES
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

Employer: (check one)

Status: (check one)

- | | |
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| <input type="checkbox"/> Pacific Union College (I.D. #94-1279798) <input type="checkbox"/> Howell Mountain Enterprises, Inc. (I.D. #68-0168059) MARKET <input type="checkbox"/> HARDWARE <input type="checkbox"/> CHEVRON <input type="checkbox"/> | <input type="checkbox"/> Faculty / Staff <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Student |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

I hereby authorize the above-named Employer and the Financial Institution listed below to electronically deposit the amount specified from my paycheck into the following account(s):

Your Financial Institution(s) [1. Primary Bank Account(s) and 2. Optional Add'l Bank/Account(s)]:

1. Bank Name _____ Routing Transit # _____

City _____ State: _____ Zip Code: _____

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|---------------------------------------------------|-------------------------------------------------------------|-----------|
| <input type="checkbox"/> Checking Account # _____ | <input type="checkbox"/> Net Pay (Entire Check) or \$ _____ | Remainder |
| <input type="checkbox"/> Savings Account # _____ | <input type="checkbox"/> Net Pay (Entire Check) or \$ _____ | Remainder |

2. Bank Name _____ Routing Transit # _____

City _____ State: _____ Zip Code: _____

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Checking Account # _____ | <input type="checkbox"/> The Amount of \$ _____ |
| <input type="checkbox"/> Savings Account # _____ | The Amount of \$ _____ |

By signing below, I agree that if monies to which I am not entitled are deposited in my account, I authorize my Employer to direct the Financial Institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with my Employer. I agree not to hold my employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Employee Name (print) _____ PUC or HME ID #

Employee Signature _____ Date _____

ATTACH A VOIDED CHECK OR BANK PRINTOUT SHOWING YOUR **BANK NAME, ROUTING # AND ACCOUNT #.** (Alternately, a screenshot from your banking app showing the same three items).
Your Direct Deposit Authorization will not be able to be processed without this.

Note: Direct Deposit requires one full payroll cycle to establish. Your first check will be a paper check.

Please mail my first check to the following address (all on-campus addresses will be held at Payroll for pick-up):

 Please hold my first check in Payroll for me to pick up. IFHME: MARKET HARDWARE CHEVRON