AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Aurora University to send the **NET** amount of my paycheck to my:
_____checking account _____savings account
Deposits shall be made to:

Financial Institution_____

Located at City _____ State _____ Zip _____

My personal account number is _____

Bank ABA (routing) number is _____

I hereby authorize Aurora University to send **the amount of $**_____ **from my paycheck** to my:
_____checking account _____savings account
Deposits shall be made to:

Financial Institution_____

Located at City _____ State _____ Zip _____

My personal account number is _____

Bank ABA (routing) number is _____

This authorization will remain in effect until the Aurora University Payroll Department has received written notification from me of its termination, allowing reasonable time for the University to implement the change. The bank ABA (routing) number and the account number I have provided to the University are correct. I understand that incorrect numbers could result in a mistake in the routing of my direct deposit. If an error occurs because of incorrect information on this form, the University will not be held responsible. Please check a box below. If no box is checked, the default is a paper advice.

[] I prefer to receive a paper pay advice.

[] I prefer to view my pay advice online through WebAdvisor. Current and prior advices are available to print and/or view.

_____ _____
Signature Date

NOTE: AN ENCODED <u>VOIDED CHECK</u> (not a deposit slip) MUST ACCOMPANY <u>EACH</u> AUTHORIZATION.

IT IS THE INTENT OF AURORA UNIVERSITY TO HAVE FUNDS AVAILABLE ON THE SCHEDULED PAYDATE. PLEASE CHECK WITH YOUR FINANCIAL INSTITUTION REGARDING POSTING OF THESE FUNDS. THE UNIVERSITY IS NOT RESPONSIBLE FOR SERVICE FEES ASSESSED BY A BANK WHEN EMPLOYEES MAKE TRANSACTIONS ON THEIR ACCOUNT PRIOR TO DIRECT DEPOSIT MONIES BEING CREDITED TO THEIR ACCOUNT.

Form effective date 6/4/2008