

Roger Williams University
Direct Deposit Authorization Form

Employee Name: _____ 8 Q L Y H U V L W \ , '#: _____

Local Phone #: _____ Work Phone #: _____

I hereby authorize Roger Williams University to:

Please check one:

- ... Activate a ~~New~~ Direct Deposit (no currently active direct deposits in the system)
- ... Activate another account in addition to ~~existing~~ Direct Deposits (as indicated below)
- ... Cancel ~~all~~ active Direct Deposits
- ... Cancel ~~one~~ of my active Direct Deposits (as indicated below)
- ... Cancel ~~all~~ active Direct Deposits and ~~replace~~

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