

# MHU Payroll

## Agreement for Employee Direct Deposit

Version 02.01.13

Company ID ---- Company Name MARS HILL UNIVERSITY  
 Employee ID \_\_\_\_\_ Employee Name \_\_\_\_\_

**Date of Request** \_\_\_\_\_

**Account #1**  New  Change  Cancel

Institution Name \_\_\_\_\_  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
 Account Type  Checking  Savings

*Deposit Options (SELECT ONLY ONE)*

Deposit Entire Net Pay Amount  Deposit \$ \_\_\_\_\_  
 Deposit \_\_\_\_\_ % Name on Account \_\_\_\_\_

**Account #2**  New  Change  Cancel

Institution Name \_\_\_\_\_  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
 Account Type  Checking  Savings

*Deposit Options (SELECT ONLY ONE)*

Deposit Entire Net Pay Amount  Deposit \$ \_\_\_\_\_  
 Deposit \_\_\_\_\_ % Name on Account \_\_\_\_\_

**Account #3**  New  Change  Cancel

Institution Name \_\_\_\_\_  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
 Account Type  Checking  Savings

*Deposit Options (SELECT ONLY ONE)*

Deposit Entire Net Pay Amount  Deposit \$ \_\_\_\_\_  
 Deposit \_\_\_\_\_ % Name on Account \_\_\_\_\_

I hereby authorize and release MHU, to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, herein after called BANK, and I; authorize and request BANK to accept any credit entries initiated by MHU to such account and to credit the same to such account without responsibility for the correctness thereof.  
 I also authorize and request MHU to effect repayment to MHU for amounts owed it because of a prior erroneous credit initiated to my account if prior to the initiation of the correcting entry MHU has sent or delivered to me written notice of the correction and the reason therefore and, the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.  
 It is understood that this agreement may be terminated by me at any time by written notification to MHU or BANK Any such notification to MHU shall be effective only with respect to entries initiated by MHU after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.  
 I recognize, acknowledge and accept that this service is being provided for my convenience. As such I agree to hold MHU, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by COMPANY and/or CBIZ PAYROLL and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to his/her account.

**Employee Signature** \_\_\_\_\_

**\*\*\*Attach a VOID check (or copy) OR bank authorization for each account to this form\*\*\***