

University of the Incarnate Word
St. Anthony Catholic HS & Incarnate Word HS
REQUEST FOR DEPOSIT OF PAYROLL EARNINGS

Return to: **Payroll Office**
Admin Bldg, Office 186

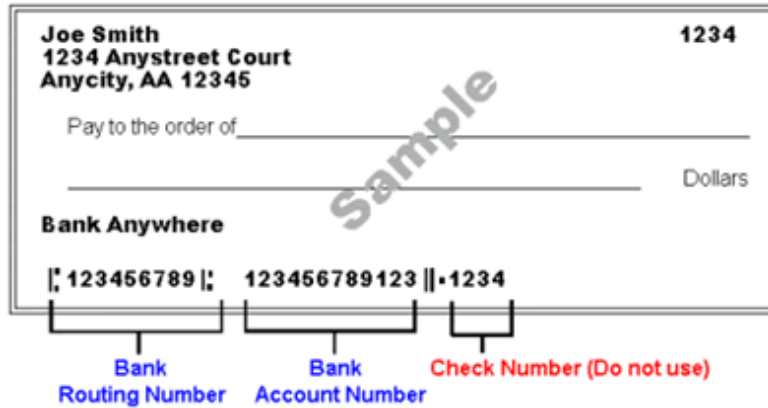
New Update Cancel

Employee Name: _____

SSN or University ID: _____

Student/Workstudy Faculty Staff Administrator

*To enroll in direct deposit, complete this form and send to the Payroll Office. Attach a voided check for each account – **not a deposit slip**. Below is a sample check detailing where the information necessary to complete this form is found.*



Please provide the following information of the financial Institution(s) to which your earnings will be deposited. For multiple deposits, you must designate a percentage (%) or dollar (\$) amount to be deposited.

Your Financial Institution: _____ % or Dollar Amt: _____

Routing Number: _____ Account Number: _____

Checking Savings

Your Financial Institution: _____ % or Dollar Amt _____

Routing Number: _____ Account Number: _____

Checking Savings

Your Financial Institution: _____ % or Dollar Amt _____

Routing Number: _____ Account Number: _____

Checking Savings

I hereby authorize UIW to deposit my payroll earnings to the financial institution(s) above and if necessary to make adjusting entries if an incorrect deposit should be made into my account.

I understand that notification of payment will be provided through the MyWord Portal for Employees.

I understand that this authorization will continue in force unless discontinued by my written request and it is also my responsibility to maintain the designated account(s) as open to prevent rejected or returned entries.

Signature _____

Date _____