

# PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

## ENROLLMENT AUTHORIZATION

Please enroll me in the Direct Deposit Program.

New \_\_\_      Change \_\_\_

I authorize UIW to make payments of my net pay by initiating credit entries or correcting entries to the bank account(s) I've designated below.

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

\_\_\_\_\_  
University ID# / SSN

\_\_\_\_\_  
PRINT LAST NAME AND FIRST NAME

\_\_\_\_\_  
EMPL. CLASS

PRI CODE	BANK ACCT# / ROUTING #	BANK NAME	S A V S	C H K C	DISTR AMOUNT
1			S	C	\$
2			S	C	\$
3			S	C	\$

Contact your financial institution to verify your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER.

For each line entry, attach a VOIDED check showing your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER and return to Payroll – Admin. Bldg. Room 189 or mail to CPO 110.

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This Direct Deposit Authorization supersedes any and all Direct Deposit Authorizations that I have submitted to the University

## CANCELLATION OF EFT TRANSACTIONS

CHECK THIS BOX TO CANCEL ALL EFT TRANSACTIONS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE