DIRECT DEPOSIT AUTHORIZATION

Last Name	First Name	MI

Social Security Number	Telephone Numbers	
___ - ___ - ____	Work: ( ) -	Other: ( ) -

Transit Routing Number (Must be nine digits)	Account Number (Number of digits vary)

Bank Name	Type of Account *(check one)*
	( ) Checking ( ) Savings

_____ START	_____ CHANGE	_____ STOP
Allow two (2) pay periods for processing. Verify your first direct deposit with a representative of your bank.	Allow two (2) pay periods for processing. One the first payday you will receive a paycheck at your department. The second payday your pay will be directly deposited to your account. Verify this deposit with a representative of your bank on payday to ensure an accurate setup of this transaction.	A complete and signed Direct Deposit Authorization must be received at Payroll seven (7) days prior to payday.

With this form, I authorize the University of North Florida to transfer the full amount of my salary, after deductions, to the financial institution above for deposit to my account. I also understand that I must submit a new Direct Deposit Authorization Form if I change banks and/or accounts. If I close my account, I will not receive a salary payment until my bank returns the funds to the University. I also understand that if I close my bank account, I am required to establish a new Direct Deposit account with a financial institution of my choice as I must maintain a direct deposit account while employed with the University of North Florida.

Furthermore, I hereby authorize and request the University of North Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the above named financial institution. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to the University of North Florida to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution of (d) the University of North Florida. It will purge approximately six (6) months after my last wage or retirement payment. It will remain in effect if I start receiving FRS benefits within six (6) months of the final wage payment.

_____ _____

Signature Date

Routing: Please return this form to Payroll; Bldg 1, Room 1604

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!

All boxes must be completed to Start or Change Direct Deposit.
Do not leave information blank!
Use this form to start, change, or stop direct deposit for all payments received from the University of North Florida.

Direct Deposit Action Requested:

1. Check **START** is you do not have direct deposit and are first signing up for it.
2. Check **CHANGE** if you currently have direct deposit and wish to change your financial institution, or if your account number or account type (checking or savings) is changing. Current direct deposit is stopped when a change request is received. While the change is being processed, you may be paid by check.
3. Check **STOP** if you wish to stop your direct deposit. Stops are processed the day they are received. You must retain a Direct Deposit account while employed with the University of North Florida.

Transit Routing Number: This is the first set of numbers on the bottom left corner of your check. This nine-digit number identifies your financial institution (Bank, Savings and Loan, or Credit Union).

Account Number: This is the second set of numbers on the bottom left corner of your check. Make sure the account number is correct. If you are not sure, **PLEASE CONTACT YOUR FINANCIAL INSTITUTION.**

Voided Check: Required for direct deposit into your checking account only. Attach voided check to this form over the instructions.