



PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!

All boxes must be completed to Start or Change Direct Deposit. 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** if you do not have direct deposit and are first signing up for it.
2. Check **CHANGE** if you currently have direct deposit and want to change your financial institution or if your account number or account type (checking or savings) is changing.
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.
4. Include with this form a voided check, letter from the bank or bank statement that contains your full name and account number (**printed not hand written**).

Please contact your financial institution for your Transit Routing Number and Account Number.

DIRECT DEPOSIT AUTHORIZATION

Last Name		First Name		MI
UNF ID No. (8 digits)		SSN# (last 4 digits)	Contact Numbers	
N#:		Work:	Other:	
Transit Routing Number <small>(Must be nine digits)</small>		Account Number <small>(Number of digits vary)</small>		
Bank Name		Type of Account <small>(check one)</small>		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
START <input type="checkbox"/> <small>Allow two (2) pay periods for processing. Verify your first direct deposit with a representative of your bank.</small>	CHANGE <input type="checkbox"/> <small>Allow up to two (2) pay periods for processing. Verify this deposit with a representative of your bank on payday to ensure an accurate setup of this transaction.</small>		STOP <input type="checkbox"/> <small>A complete and signed Direct Deposit Authorization form must be received at the Payroll Office seven (7) days prior to payday.</small>	
<p>With this form, I authorize the University of North Florida to transfer the full amount of my salary, after deductions, and all other payments, including expense reimbursements, I receive 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 account. 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.</p> <p>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; or (d) the University of North Florida. It will purge approximately six (6) months after my last wage.</p>				
Employee Signature _____			Date _____	

Return completed form and supporting documents to the Payroll Office, Bldg. 53, Hicks Hall, 2nd Floor, Suite 2850.