

INFORMATION AND AUTHORIZATION REGARDING DIRECT DEPOSIT

INSTRUCTIONS FOR COMPLETING THIS FORM

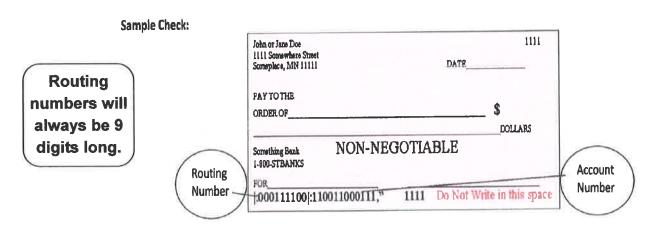
- 1. Provide ALL information requested on this form.
- 2. Attach a copy of a check, a voided check or a letter from your bank listing the bank's routing number and your account number. Deposit slips of any kind are NOT acceptable.

For PAYROLL:

- A. The first pay <u>after</u> this direct deposit document is processed in the Payroll Office you will receive a <u>paper check</u>. Student checks will be delivered to his or her UB Box. Employees may pick up their check at the Human Resources Office.
- B. Employees and students making changes or closings to an account must be submitted one week prior to the pay date.
- C. Direct deposit "Pay Statements" are available via the ADP Portal.
- D. Any monies going to a closed account will be paid on the first available date following Payroll identification.

For ACCOUNTS PAYABLE:

- 1. An email address must be provided in order to notify you when a payment has been deposited into your account.
- 2. A properly executed W-9 is needed in order to receive payments from the Accounts Payable Office.
- 3. Payments are deposited into the Primary account only, and entire amounts are deposited into this one account.
- 4. Any invoice that is processed prior to receiving the direct deposit form will be paid in the form of a check. All invoices processed after the Accounts Payable office has processed the direct deposit information will be deposited in the Primary account.



DEPAUW UNIVERSITY DIRECT DEPOSIT FORM

I authorize DePauw University and the financial institution(s) below to deposit any amounts owed to me to the account(s) listed below. In the event that DePauw University deposits funds in error, I authorize a debit from the account not to exceed the original amount that was in error. This authorization will remain in effect until written notice is received by the university.

Name:	ID No:
Address:	SSN/TIN:
Email Address:	
Signature:	Date:
of the bank and your account number with this bank NET amount owed to you. Indicate what kind of acc your total net pay. Indicate any remaining dollars to	
Primary Bank Name:	
Checking Savings	
Routing #:	Account #:
Entire Amount Specified Amou	unt: \$
thorize deposits to be made into below. NOTE: The	is option is NOT available for Students or Vendors.
New Account Change Accou	-
Second Bank Name:	
Checking Savings	
Routing #:	
Specified Amount: \$	3111—3.0
New Account Change Accou	ınt Info Cancel Account
Third Bank Name:	
Checking Savings	
Routing #:	Account #:
Specified Amount: \$	
All information on this form is shared between the Payroll Office	e and the Accounts Payable Office of DePauw University. If you offices please indicate so by marking the appropriate box below:
I wish to "Opt Out". Do not share information with the F	ayroll Office. FOR OFFICE USE ONLY:
I wish to "Opt Out". Do not share information with the A	ccounts Payable Office.