



## INFORMATION AND AUTHORIZATION REGARDING DIRECT DEPOSIT

### INSTRUCTIONS FOR COMPLETING THIS FORM

1. Provide ALL information requested on this form.
2. Attached a copy of a voided check or an account verification letter from your bank. Deposit slips will NOT be accepted.

### **PAYROLL DIRECT DEPOSIT:**

- A. You will receive a **paper check** the first pay **after** this direct deposit form is processed in the Payroll Office. Student checks will be delivered to their UB Box. Employees may pick up their check in the Human Resources Office.
- B. Employees and students making changes to an existing direct deposit form or terminating their direct deposit, must do so one week prior to the pay date.
- C. Direct deposit Pay Statements are available via the ADP Portal.
- D. Any payments sent to a closed account will be reprocessed and paid on the first available date following Payroll identification.
- E. You may split your payroll check between multiple bank accounts. You will indicate any remaining dollars to be deposited in another account on the second page.

### **ACCOUNTS PAYABLE DIRECT DEPOSIT:**

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 **required** in order to receive payments from the Accounts Payable Office.
3. Payments are deposited into the Primary Accounts only.
4. Any invoice that is processed prior to receiving a direct deposit form will be paid by physical check. Any invoice processed after submission of a direct deposit form will go to the Primary Account listed on the form.

### **SAMPLE CHECK:**

ROUTING  
NUMBERS WILL  
ALWAYS BE 9  
DIGITS LONG

John or Jane Doe 1111 Somewhere St Someplace, MN 11111	1001
	DATE _____
PAY TO THE ORDER OF _____	\$ _____ DOLLARS
_____	
:000111000   : 1200034056	

ROUTING NUMBER

ACCOUNT NUMBER

**DEPAUW UNIVERSITY - AUTHORIZATION FOR DIRECT DEPOSIT**

I authorize DePauw University and the listed financial institution(s) to deposit any amounts owed to me to the account(s) below. In the event 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 I provide written notice of any changes or cancellations.

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PRIMARY ACCOUNT [  NEW  CHANGE  CANCEL ]**

CHECKING  SAVINGS

BANK NAME: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
AMOUNT: \$ \_\_\_\_\_  ENTIRE AMOUNT

**PLEASE PROVIDE A COPY OF A VOIDED CHECK OR AN ACCOUNT VERIFICATION LETTER FROM YOUR BANK. DEPOSIT SLIPS WILL NOT BE ACCEPTED.**

**ADDITIONAL ACCOUNTS FOR PAYROLL ONLY:**

**SECOND ACCOUNT [  NEW  CHANGE  CANCEL ]**

CHECKING  SAVINGS

BANK NAME: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
AMOUNT: \$ \_\_\_\_\_  ENTIRE AMOUNT

**THIRD ACCOUNT [  NEW  CHANGE  CANCEL ]**

CHECKING  SAVINGS

BANK NAME: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
AMOUNT: \$ \_\_\_\_\_  ENTIRE AMOUNT

**PLEASE NOTE THAT SEPARATE FORMS WILL NEED TO BE SUBMITTED TO THE PAYROLL OFFICE AND THE ACCOUNTS PAYABLE OFFICE.**

<b>FOR OFFICE USE ONLY</b>	
PR _____	AP _____