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:

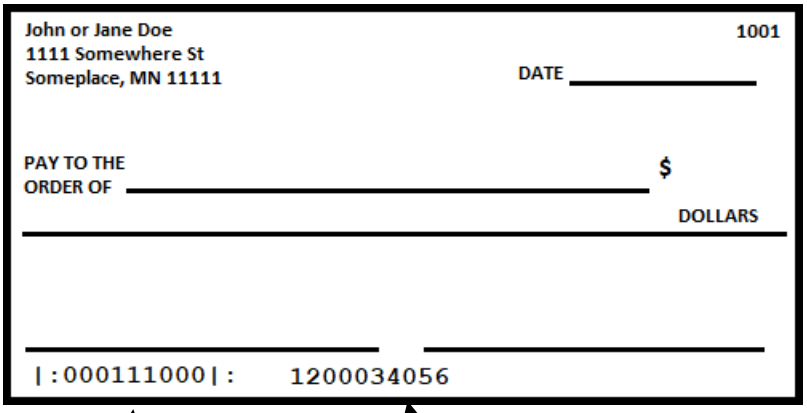
A. You will receive a **paper check** the first pay **after** this direct deposit form is processed in the Payroll Office. Student checks will be delivered to their UB Box. Employees may pick up their check in the Human Resources Office.
B. Employees and students making changes to an existing direct 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



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.

FOR OFFICE USE ONLY

PR _____ **AP** _____