



DEPAUW UNIVERSITY

STUDENT DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize DePauw University and the financial institution listed below to deposit any amounts owed me to the account 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 Payroll department.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

New Change Cancel Bank Name: _____ Checking Savings

Routing#: _____ Account #: _____

NOTE: The entire net pay will be deposited to the account listed above.

*****A void check or notice from the bank containing the routing number and account number is required with this form.**

Please Note: The first pay after signing up for direct deposit will be a live check. Checks will be delivered to the UB Box. Direct Deposit Pay Statements are available via the ADP Portal. If you close your account or change bank accounts, Payroll must be notified one week in advance of the next check date. Any monies going to a closed account will be paid on the next pay date.

