



DIRECT DEPOSIT AUTHORIZATION

ATTACH A VOIDED PERSONAL CHECK(S) with this form. For Savings account(s), attach verification of account number and ACH transit routing number from your financial institution. Failure to provide this information will cause 2-4 week delay in activation.

*SSN:	Z #:	Campus Telephone:	Home/Mobile Phone Number:
Last Name:		First Name:	

PRIMARY ACCOUNT: Start <input type="checkbox"/> -- NEW Change* <input type="checkbox"/> -- PREVIOUS			
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving
Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :	Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :

ADDITIONAL ACCOUNT (2): Start <input type="checkbox"/> -- NEW Change* <input type="checkbox"/> -- PREVIOUS			
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$ 	Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$
Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :	Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :

ADDITIONAL ACCOUNT (3): Start <input type="checkbox"/> -- NEW Change* <input type="checkbox"/> -- PREVIOUS			
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$ 	Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$
Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :	Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS. *As per IRS Publication 15 and Florida State Statute 119.07 (5)(a)3., (5)(a)2., (5)(a)4., and (5)(a)9 your FEID or social security number is being requested to search and verify against Bank records. Use this form to start, add, or change Direct Deposit for all payroll payments received from Florida Atlantic University. Direct deposit activation may take 2- 4weeks.

All boxes must be completed. Do not leave any information blank.

1. Check **START** if you currently **do not have active direct deposit**.
2. Check **ADD** if you would like to **add an additional account**. Please specify the dollar amount to be deposited into the additional account.
3. Check **CHANGE** if you currently have direct deposit and wish to change your financial institution, your account number or the dollar amount of deposit into any additional account. The Current direct deposit may be stopped when a change request is received. While the change is being processed you may be paid by check.

Special Note 1: Direct Deposit may not be terminated without providing FAU with your new Account information.

Special Note 2: Please make sure your direct deposit has stopped before closing your account. Failure to do so may result in the funds being returned by the bank. This process will cause a 7-10 day delay in receiving a new/replacement check.

Special Note 3: Payroll wages may not be deposited into a commercial bank account.

Special Note 4: Direct Deposit will automatically be inactivated for terminated employees and employees that have not been paid in 6 months.

AGREEMENT:

I hereby authorize and request the Florida Atlantic University to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institutions(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by : (a) me in writing with sufficient notice to FAU to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial Institution(s), (d) FAU. I also understand that I must submit a new Direct Deposit Authorization Form if I change banks and/or accounts.

I understand that if I close my bank account without properly notifying the Payroll office, I will not receive a salary payment until my Bank returns the funds to the University.

Signature _____

Date _____

Routing: Please return this form to Payroll; Administration Bldg (10) Rooms148 or Fax 561-297-1062. Please note that due to a large number of faxes received daily, we cannot accept phone calls to verify if a fax has been received.