

UNIVERSITY OF DUBUQUE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize the University of Dubuque to forward my net payroll earnings to the financial institution and account number shown below. I understand that the financial institution and my account number must be verified for accuracy through the Federal Reserve System and that I will receive a payroll check until that verification is complete.

(Employees should allow 2 to 4 calendar weeks for this verification.)

Should I change financial institutions or account numbers, a new authorization form and verification period is necessary and a regular payroll check will be issued in the interim. Forms canceling direct deposits should be completed on accounts that are closed.

I hereby authorize the University of Dubuque to initiate credit entries (deposits) and to initiate, if necessary, debit entries (corrections and/or adjustments) for any credit entries in error to my checking and/or savings account as indicated below. I authorize the financial institution stipulated below to credit and/or debit all such amounts to my account indicated below.

This authority is to remain in force until the University of Dubuque has received written notification from me and has had reasonable time to process any requested change.

NAME(s) : _____ SSN: _____
_____ SSN: _____

I am: ___ a new participant ___ changing financial institutions ___ canceling direct deposit

Type of Account: ___ Checking ___ Savings _____ \$ amount
Transit Routing Number _____ Account Number _____
Financial Institution _____ City _____

Type of Account: ___ Checking ___ Savings _____ \$ amount
Transit Routing Number _____ Account Number _____
Financial Institution _____ City _____

**** Important Note:** The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.

****** Checking and Savings accounts do not need to be at the same financial institution.

SIGNED: _____ DATE: _____

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