

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

This information should be entered at **Employee Self Service (ESS)** at the
Following website www.ucflex.uc.edu

This form should be kept for your records.

You can designate up to (3) different accounts and/or Financial Institutions for your direct deposit. **“DO NOT”** close an existing account without notifying the payroll office. Failure to do this will delay your receipt of payment.

Main Bank Deposit Information:

Circle one: Start Stop Changing accounts Changing banks*

Bank/Financial Institution _____
City & State _____
Routing/Transit Number _____
Account Number _____ Account Type Checking Savings
*Past Bank Name _____ Past Account Number _____

Other Bank Information:

Circle one: Start Stop Changing accounts Changing dollar amount Changing banks*

Bank/Financial Institution _____
City & State _____
Routing/Transit Number _____ Deposit Dollar Amount \$ _____
Account Number _____ Account Type Checking Savings
*Past Bank Name _____ Past Account Number _____

Circle one: Start Stop Changing accounts Changing dollar amount Changing banks*

Bank/Financial Institution _____
City & State _____
Routing/Transit Number _____ Deposit Dollar Amount \$ _____
Account Number _____ Account Type Checking Savings
*Past Bank Name _____ Past Account Number _____

I hereby authorize the University of Cincinnati to initiate electronic credit and debit entries to reverse erroneous credits, to my account(s) indicated above and to the financial institution(s) named above to credit and/or debit the same to such account(s). This Authority shall remain in full force and effect until the University has received written notification from me of its termination in a timely manner as to afford the University and financial institution(s) a reasonable opportunity to act upon it. The University reserves the right to terminate this agreement without any prior notification.

Print Name _____ **UC ID # M** _____

Signature _____ Date _____ Phone # _____