

# Authorization Agreement For Payroll Direct Deposit



### Instructions:

You can designate up to (3) different accounts and/or Financial Institutions for your direct deposit. For fixed amounts it will only take all or none of the amount you have indicated. "DO NOT" close an existing account without notifying the payroll office first. Failure to do this will delay your receipt of a paycheck.

Attach the following:

For **CHECKING** Accounts a voided check is needed.

For **SAVINGS** Accounts you may use a membership card, a banking statement, or a savings account deposit slip.

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### NET PAY DEPOSIT

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\_\_\_\_\_ CANCEL my current net pay deposit                      \_\_\_\_\_ CHANGE my current NET PAY

\_\_\_\_\_ DEPOSIT my NET PAY into my \_\_\_\_\_ CHECKING                      \_\_\_\_\_ SAVINGS

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Bank/Financial Institution \_\_\_\_\_ City & State \_\_\_\_\_

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### FIXED AMOUNT DEPOSIT (PRIORITY 1)

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\_\_\_\_\_ CANCEL my current fixed amount deduction                      \_\_\_\_\_ CHANGE my current fixed amount

\_\_\_\_\_ Deposit \$ \_\_\_\_\_ into my \_\_\_\_\_ CHECKING                      \_\_\_\_\_ SAVINGS

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Bank/Financial Institution \_\_\_\_\_ City & State \_\_\_\_\_

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### FIXED AMOUNT DEPOSIT (PRIORITY 2)

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\_\_\_\_\_ CANCEL my current fixed amount deduction                      \_\_\_\_\_ CHANGE my current fixed amount

\_\_\_\_\_ Deposit \$ \_\_\_\_\_ into my \_\_\_\_\_ CHECKING                      \_\_\_\_\_ SAVINGS

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Bank/Financial Institution \_\_\_\_\_ City & State \_\_\_\_\_

I hereby authorize the University of Cincinnati to initiate electronic credit entries and, if necessary, 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).

Print Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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. Receipt in Payroll & Employee Information Services, M.L. 001, of such notification seven (7) days prior to a pay date will ensure timely processing. The University reserves the right to terminate this agreement without any prior notification.