Direct Deposit/Payroll Debit Card Authorization

Allow up to 1 (one) pay period for this request to become effective.

☒ **New DD** ☐ **Change DD Bank or Amount**

☐ **Pay Card** ☐ **Cancel DD**

Name: _____ ID #: _____ Phone Number: _____

NEW EMPLOYEES: In order to elect direct deposit, you must return this form within 30 days with your bank information. Failure to do so will be presumed to indicate consent to receiving wages through a payroll debit card.

ALL EMPLOYEES: You may change your election between direct deposit and payroll debit card at any time. To change your election or direct deposit bank information, please complete a new request form.

PLEASE READ:

It is my responsibility to verify that payments have been credited to my account(s). Andrews University is not liable for any overdraft (NSF) charges incurred while participating in this electronic pay program. I understand that I must immediately notify the Payroll Office before I close any/all account(s) listed while this authorization is in effect. I understand that in the event that my financial institution(s) is/are not able to deposit any electronic transfer into my account(s) due to any action I take, the University cannot issue the funds to me until the funds are returned to the University by financial institution(s).

Direct Deposit Information: *if bank not listed, please complete the box marked "Other" and attach a voided check.*

Please fill a new request form for each bank if multiple direct deposits are desired.

☒ **Honor C.U.**
Routing # 272484852

☐ **Fifth Third Bank**
Routing # 072400052

☐ ***Other:***
Bank Name: _____

☐ **United Federal C.U.**
Routing # 272484894

☐ **Chemical Shoreline**
Routing # 072410013

Bank Routing Number *: _____

Account Number **: _____

Account Type: ☒ Checking ☐ Savings

Amount: ☒ Net Check (100%) ☐ _____% ☐ $_____

***Bank Routing Number**: first set of numbers at the bottom of your **check**— **not** deposit slip
****Account Number:** second set of numbers at the bottom of your **check**—**not** deposit slip

I agree to the terms of this agreement and hereby authorize Andrews University to deposit my net pay as designated above. If funds to which I am not entitled are deposited to my account(s), I authorize the University to direct the financial institution(s) to return said funds.

Signature: _____ Date: _____

Return this form to the **Payroll Office.**
If you've elected payroll debit card, **please attach application**.
We can be contacted at (269) 471-3325 or email us at payroll@andrews.edu.

Entered by: _____
Date: _____

Checked by: _____
Date: _____