

Direct Deposit Account Authorization

Complete this form to initiate, change, or terminate a direct deposit account allocation.

Please note: any new account authorization may take effect immediately or up to 2 weeks. Contact Payroll for any specific timing concerns.

Name: _____ ID: _____

Phone Number: _____ Email Address: _____

You may change your direct deposit account information (including payroll debit card) at any time. To make changes please complete a new request form.

It is the employee's responsibility to verify that payments have been credited to his/her account(s). Andrews University is not liable for any overdraft (NSF) charges incurred while participating in this electronic pay program. The employee understands that he/she must immediately notify the Payroll Office before he/she closes any/all account(s) listed while this authorization is in effect. The employee understands that in the event that his/her financial institution(s) is/are not able to deposit any electronic transfer into his/her account(s) due to any action he/she takes, the University cannot issue the funds to the employee until the funds are returned to the University by the financial institution(s).

Some banks have separate routing numbers for wires and for ACH. Please verify with your bank which routing number you should submit for use to set up direct deposit. Your paycheck will not be deposited and a \$5 bank fee will be assessed if your information is wrong.

Primary Account	
Bank Routing Number (9 digits):	Bank Name
Account Number:	Net Payroll, after partial deposits listed below, will be deposited to this account.
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop
Secondary Account #1	
Bank Routing Number (9 digits):	Bank Name
Account Number:	Percentage to be deposited:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount
Secondary Account #2	
Bank Routing Number (9 digits):	Bank Name
Account Number:	Percentage to be deposited:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount

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: _____

Entered By: _____

Date: _____

Checked By: _____

Date: _____

Return this form to the **Payroll Office**.

We can be contacted at (269) 471-3325 or email us at payroll@andrews.edu.