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**Payroll Direct Deposit Authorization Form**

<i>Employee ID (Preferred) or Soc. Sec. #</i> _____	<i>Employee Name (Last Name, First Name)</i> _____	<i>(Please Type or Print)</i>
<i>Department</i> _____	(    )    - <i>Contact Phone</i>	<b>Pay Frequency (Required)</b> <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

**NOTE:** Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a warrant (check) being issued (for new employee) or deposit to an already established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select one account. You will receive a detailed Advice of Deposit.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

- **Checking Account:** Attach a voided check.
- **Savings Account:** Attach documentation from financial institution.
- **Money Market Account:** This is a type of checking account. Attach documentation from financial institution to provide correct routing and account numbers.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings 1: .1. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

**ACTION TYPE**

<input type="checkbox"/> New Employee Set-Up <input type="checkbox"/> Continuing Employee Change (i.e. change account #, change financial institution, change percentage of net pay or \$ amounts, drop or add financial institution) <input type="checkbox"/> Cancel Direct Deposit (must follow-up by submitting a replacement form or an approved APPLICATION FOR EXEMPTION FROM PAYROLL DIRECT DEPOSIT form.	
<b>IMPORTANT: Enter the financial institution to which you are depositing funds, and attach documentation for the account. Enter the specific \$ amount or select the entire balance amount. This form overrides (replaces) all prior designations.</b>	<b>Enter</b>

<b>Account #1</b>	<b>Account Type:</b>	<input type="radio"/> Checking <i>(Attach voided check)</i>	<input type="radio"/> Savings <i>(Attach financial institution documentation)</i>	<input type="radio"/> Money Market <i>(Attach financial institution documentation)</i>
<i>Bank Name:</i> _____	_____			
<i>Bank Address:</i> _____	_____			
<i>Routing# (9 digits)</i> _____	<i>Account #</i> _____			
Requested amount for this account: (select one)				
<input type="radio"/> <b>Specific \$ Amount:</b> \$ _____			<input type="radio"/> <b>Entire Balance</b>	

Authorization Agreement: I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

Employee Signature: _____	Date: _____
Account Holder Signature: _____ <i>(if other than employee)</i>	Date: _____

**DO NOT FAX**