

Direct Deposit Authorization Form

Important! Please read and sign before completing and submitting

I hereby authorize Utah Valley University (hereafter "the University"), to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "the Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the University to my account. In the event that the University deposits funds erroneously into my account, I authorize the University, to debit my account for an amount not to exceed the original amount of the erroneous credit. The University also reserves the right to make any necessary adjustments on any subsequent payroll deposits/checks or take appropriate legal action to collect any amounts deposited in error.

This authorization is to remain in full force and effect until the University has received written notice from me of its termination in such time and in such manner as to afford the University and the Bank reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Employee Information (all fields are required)

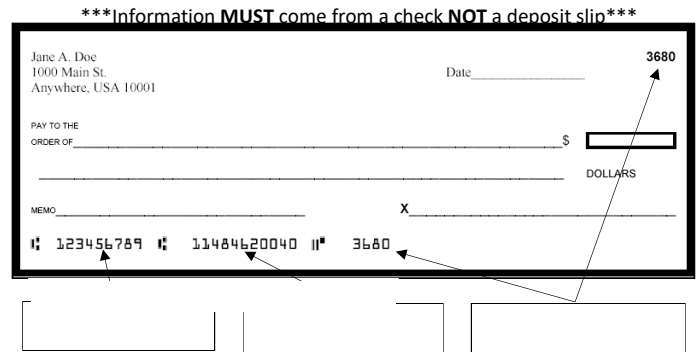
Employee Name: _____ UVID # or SS#: _____

Department: _____ Extension: _____ Email Address: _____

- New Direct Deposit Replace Existing Direct Deposit
- Add Account to Existing Direct Deposit

Instructions: _____

Unless instructed otherwise, your account designated as "100% of Net Amount" will be set as your **Accounts Payable direct deposit account**.



Bank/Credit Union Account Information

Make sure to indicate what kind of account, along with the amount or percentage to be deposited, if less than 100% of net amount. The last account listed should have 100% of net amount checked to allow the remaining amount owed to be deposited in the account specified.

1. Bank Name: _____

Routing #: _____ Account #: _____
(The routing number MUST come from a check NOT a deposit slip) (The account number is NOT your debit or credit card number)

Checking Savings I wish to deposit: \$_____.____ _____ % of Net Amount 100% of Net Amount

2. Bank Name: _____

Routing #: _____ Account #: _____
(The routing number MUST come from a check NOT a deposit slip) (The account number is NOT your debit or credit card number)

Checking Savings I wish to deposit: \$_____.____ _____ % of Net Amount 100% of Net Amount

3. Bank Name: _____

Routing #: _____ Account #: _____
(The routing number MUST come from a check NOT a deposit slip) (The account number is NOT your debit or credit card number)

Checking Savings I wish to deposit: \$_____.____ _____ % of Net Amount 100% of Net Amount