



Dear Employee:

For your convenience, the University has implemented a Direct Deposit Payroll System that provides the mechanism for you to have your net pay electronically deposited **to the account(s) with the financial institution(s)** you designated within this document.

To participate, you must complete the **Authorization Agreement for Automatic Deposit** and return it to the Human Resources Department. To ensure accurate account processing, please attach a **voided check (or copy of a voided check)** to the Authorization Form.

On payday, you will receive a pay stub reflecting your gross earnings, deductions and the net pay amount that was deposited to your account. This process can take up to 30 days to complete, so the direct deposit may not occur for at least two pay cycles.

If you do not have a checking and/or savings account, you may want to consider the convenience of opening one. While the University doesn't recommend a particular institution, Human Resources can provide information from several community banks and credit unions.

You may utilize this document to **cancel** direct deposit as well. Please complete and sign the **Direct Deposit Cancellation Request** section below to authorize the cessation of direct deposit activities. You will need to specify accounts that will be impacted.

Please contact the Human Resources Department with questions or concerns at x3262, or the Payroll office at x8795.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize Rosalind Franklin University of Medicine and Science to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account, as indicated herein and the financial institution(s) named within this document to credit and/or debit the same to same account. **Please write VOID on a check from the account(s) and attach to the upper right hand corner of this form. DO NOT USE A DEPOSIT SLIP.**

Name: _____

Social Security Number: _____ — _____ — _____

Signature: _____ Date: _____

DIRECT DEPOSIT CANCELLATION REQUEST

I hereby authorize Rosalind Franklin University of Medicine and Science to cancel direct deposit of my payroll check. This authority is to remain in full force and effect until either I revoke it by giving at least 15 days prior written notice to Rosalind Franklin University of Medicine and Science Human Resources Department - Payroll Services, or, upon one full quarter of inactivity or termination of my employment. I understand this notification of cancellation must be given to the University Payroll Services at least 15 days before payday. If received by Payroll Services after payroll due dates, I understand that this cancellation cannot be guaranteed to be effective until the following pay period.

Name: _____

Social Security Number: _____ — _____ — _____

Signature: _____ Date: _____

Phone: _____ Email: _____



Account #1

Activity: Add New Modify Existing Delete Existing

Type: Checking Savings

Institution Name: _____

Address or Branch: _____

City: _____

State: _____ Zip Code: _____

Phone Number: () _____

ABA/Transit Number: _____

Account Number: _____

Distribution Amount: \$ _____
enter dollar amount or select a deposit option →→→→→

-OR-

All
 Remainder

Account #2

Activity: Add New Modify Existing Delete Existing

Type: Checking Savings

Institution Name: _____

Address or Branch: _____

City: _____

State: _____ Zip Code: _____

Phone Number: () _____

ABA/Transit Number: _____

Account Number: _____

Distribution Amount: \$ _____
enter dollar amount or select a deposit option →→→→→

-OR-

All
 Remainder

Account #3

Activity: Add New Modify Existing Delete Existing

Type: Checking Savings

Institution Name: _____

Address or Branch: _____

City: _____

State: _____ Zip Code: _____

Phone Number: () _____

ABA/Transit Number: _____

Account Number: _____

Distribution Amount: \$ _____
enter dollar amount or select a deposit option →→→→→

-OR-

All
 Remainder