



**DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM**

Please complete the items below and forward to the Payroll Department, Bayley Hall.

I authorize Seton Hall University and the Bank(s) listed below to automatically deposit my net pay in my account each payday. If funds to which I am not entitled are deposited to my account(s), I authorize Seton Hall University to direct the Bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

I understand it will take two pay periods for this request to become effective. The first pay period will be a trial transmission using the information provided below and I will receive a physical check. My pay will be direct deposited in the following pay period if no problems surface from the trial transmission.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Bank Name #1

\_\_\_\_\_  
Bank Name #2 (if requesting a split deposit)

\_\_\_\_\_  
Bank #1 Account Number

\_\_\_\_\_  
Bank #2 Account Number

\_\_\_\_\_  
Bank #1 Transit/Routing number

\_\_\_\_\_  
Bank #2 Transit/Routing number

\_\_\_\_\_  
Indicate flat rate to be deposited in Bank #2 if requesting a split deposit

Bank #1 is a:     Checking Account                       Savings Account

Bank #2 is a:     Checking Account                       Savings Account

Attach a blank, voided check if direct deposit is to be made to a checking account. For savings account deposits, a statement from the bank showing the account number and bank transit number is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**TO BE COMPLETED BY THE PAYROLL DEPARTMENT**

\_\_\_\_\_  
Pay ID - trial

\_\_\_\_\_  
Pay ID - actual

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Completion Stamp