



Payroll Direct Deposit Authorization Form

Name University ID #

Employee ID (found on your paystub) Phone or email

Please Check One: Bi-Weekly Staff/Student Semi-Monthly Staff/Faculty

To set up a new direct deposit account, attach a voided check below. If you are setting up more than one deposit account, make sure to attach a voided check for each account. **All changes and new accounts will not be in effect until the second pay period following the processing of this form.**

Robert Smith 123 Stone Lane Rochester, NY 14609	456
	Date _____
Pay to _____ the order of _____	\$ <input style="width: 100px;" type="text"/> Dollars
VOID	
BANK NAME _____	
1 2 3 4 5 6 7 8 9 Transit Number	1 3 4 5 6 7 8 9 " Account Number
	0 4 5 6 Check Number

New Account Change Account Cancel Account*

Bank Name

Transit Number Account Number

Percent of Net Check % **Or** dollar amount \$ **Or** remaining pay

Account type:

- Checking or
 Savings

New Account Change Account Cancel Account*

Bank Name

Transit Number Account Number

Percent of Net Check % **Or** dollar amount \$ **Or** remaining pay

Account type:

- Checking or
 Savings

**An account should not be closed at your bank until you are certain your paycheck is no longer being deposited into it.*

Please read carefully:

I hereby authorize the Rochester Institute of Technology to make the deposits/changes as indicated above. RIT is also authorized to draw drafts to adjust any OVER-deposits(s) which is made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by RIT.

Signature: _____ Date: _____

Return this completed form to the Payroll Office, George Eastman Hall, Room 1160