UNIVERSITY OF VIRGINIA DIRECT DEPOSIT AUTHORIZATION FORM

Last Name		First Name		Phone Number XXX - XX - Last 4 of Social Security #	
E-Mail Address		Employe	e ID#		
C Employee Only	\bigcirc s	Student Only	Ов	Both Employee and Student	
Dollar amount or a Perce amount for the 1st accou	deposit to a maximum of entage of your paycheck unt, write "Remaining Bal ents will be sent to (to ind	to be deposited into e ance" for 2nd account	each account. I t. Please also	lf you indicate a Dollar indicate which account you	
O New Account Set-up	Existing Account	O Use this	O Use this Account for Non-Payroll Reimbursements		
Name of Banking Institu	ition (US Institutions ONLY))		Routing #	
Checking Account	O Savings Account	% or Dollar Amou	nt	Account #	
New Account Set-up	Existing Account	O Use this	Use this Account for Non-Payroll Reimbursements		
2) Name of Banking Institu	ition (US Institutions ONLY))		Routing #	
Checking Account	Savings Account	% or Dollar Amou	nt	Account #	
 the University of Virgin my financial institution 	nia to initiate and my financi	direct deposit,		account for any	
	main in effect until update ne University Payroll Divis			-	
Signature		Date			
MANDATORY			RETURN FORM TO: University of Virginia Payroll Division PO Box 400127 914 Emmet Street		
ATTACH VOIDED CHECK OR			Charlottesville, VA 22904-4127		

Questions

Fax: (434) 924-6306

OR

Call: (434)924-4350 E-mail: payroll@virginia.edu

DEPOSIT SLIP FOR NEW

ACCOUNT SET-UPS ONLY