



AUTHORIZATION FOR DIRECT DEPOSIT

Note: Direct Deposit Changes can be done via Employee Self-Service (<http://ess.temple.edu>)

A To be completed by employee

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
Tuid NUMBER _____ (REQUIRED)

- New **
- Add (Adding accounts in Section D)
- Change (Any changes will be pre-noted) **
- Cancel (Change Net Pay Disbursement to "C")

Payroll: University (800) Pay Cycle: _____ Bi-Weekly _____ Monthly

B To be complete by employee and/or financial institution

Net pay Disbursement **A** Check/Advice Distribution **D**
Transit No. _____ Account Number _____

Type of account – Check only one account type

- C** – Checking – attach a photocopy of a personal check (marked VOID) that shows your entire account number.
- S** – Savings – have Transit No. and Account Number complete by your financial institution.
- Additional accounts on back

H.R. USE ONLY:
Processed by: _____
Date: _____

C Financial Institution's Name* _____ **City** _____ **ST** _____ **Zip Code** _____

The above named financial institution will receive and deposit sums for the above-named payee in accordance with NACHA Rule and Guidelines. The payee named above has the right to cancel this authorization, and the financial institution reserves the right to cancel this agreement by notice to the payee.

I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

EMPLOYEE'S SIGNATURE _____ DATE _____

PHONE # - OFFICE _____ HOME _____

*** FORM CANNOT BE PROCESSED IF REQUIRED INFORMATION IS NOT PROVIDED.**
****DUE TO THE VERIFICATION PROCESS, DIRECT DEPOSITS MAY TAKE 1 TO 2 PAY CYCLES TO PROCESS.**



AUTHORIZATION FOR ADDITIONAL DIRECT DEPOSIT ACCOUNTS

Processed by: _____
Date: _____

D. To be completed by employee:

NAME _____

TUId NUMBER _____

181 DSC _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

TYP AMOUNT/PERCENT %

182 DSC _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

TYP AMOUNT/PERCENT %

183 DSC _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

TYP AMOUNT/PERCENT %

184 DSC _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

TYP AMOUNT/PERCENT %

185 DSC _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

TYP AMOUNT/PERCENT %

