



# Payroll Direct Deposit Authorization Form

**COMPLETE ON-LINE OR IN INK - DO NOT FAX**

(Please Type or Print)

Employee ID (Preferred) or Soc. Sec. # \_\_\_\_\_ Employee Name (Last Name, First Name) \_\_\_\_\_

Home Department / Campus \_\_\_\_\_ Contact Phone (Campus # Preferred) \_\_\_\_\_

**Pay Frequency (Required)**

Bi-Weekly     Monthly

**NOTE:** Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a warrant (check) being issued (for new employee) or deposit to an already established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select up to three separate accounts. You will receive a detailed Advice of Deposit.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

- **Checking Account:** Attach a **voided check**.
- **Savings Account:** Attach **documentation from financial institution**.
- **Money Market Account:** This is a type of checking account. Attach **documentation from financial institution to provide correct routing and account numbers**.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings I: .I. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

**ACTION TYPE**

New Employee Set-Up

Continuing Employee Change (i.e. change account #, change financial institution, change percentage of net pay or \$ amounts, drop or add financial institution)

Cancel Direct Deposit (must follow-up by submitting a replacement form or an approved APPLICATION FOR EXEMPTION FROM PAYROLL DIRECT DEPOSIT form.)

**IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. This form overrides (replaces) all prior designations.**

**Account #1**                      Account Type:                       Checking                       Savings                       Money Market

(Attach voided check)                      (Attach financial institution documentation)                      (Attach financial institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Requested amount for this account: (select one)

% Net Pay: \_\_\_\_\_                       Specific \$ Amount: \$ \_\_\_\_\_                       Entire Balance

**Account #2**                      Account Type:                       Checking                       Savings                       Money Market

(Attach voided check)                      (Attach financial institution documentation)                      (Attach financial institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Requested amount for this account: (select one)

% Net Pay: \_\_\_\_\_                       Specific \$ Amount: \$ \_\_\_\_\_                       Remaining Balance

**Account #3**                      Account Type:                       Checking                       Savings                       Money Market

(Attach voided check)                      (Attach financial institution documentation)                      (Attach financial institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Remaining Balance

**Authorization Agreement:** I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(if other than employee)*

**Mail ORIGINAL FORM to Payroll & Benefit Services, 575 SYS, Boulder, CO 80309  
 DO NOT FAX**