

# AUTHORIZATION FOR DIRECT DEPOSIT

This form is to be submitted to the Payroll Office along with a voided check.  
Please allow two pay periods for processing.

EMPLOYEE'S NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

I authorize Vanguard University to Direct Deposit my regular payroll check and/or initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). **PLEASE NOTE: If for any reason your bank account(s) should change or be closed, it is YOUR RESPONSIBILITY to notify the Payroll Office.**

## DIRECT DEPOSIT GENERAL INFORMATION

1. Direct Deposit will begin approximately two regular pay periods after returning this completed form to Payroll, assuming valid account and bank routing number information has been provided.
2. You can deposit your "net pay" or a portion of your net pay into multiple accounts, even if they are in different banks.
3. **IN ADDITION** to this Authorization for Direct Deposit, you will **NEED TO SUBMIT A VOIDED CHECK.**
4. Once your Direct Deposit begins, you will notice that the authorized signatures section of your pay stub will be replaced with the words **THIS IS NOT A CHECK.** Your pay stub will indicate the account and the amount of the deposit.
5. If you work in more than one department, you do not need to resubmit a new request for direct deposit since all hours worked are combined on one check.
6. This authorization will remain in effect until: a new form is submitted; a Direct Deposit is canceled with an e-mail from you; or you graduate or terminate schooling with Vanguard University.

**I HAVE READ, UNDERSTAND AND AGREE TO THE DIRECT DEPOSIT INFORMATION AS STATED IN THIS AGREEMENT.**

\_\_\_\_\_

EMPLOYEE'S SIGNATURE

\_\_\_\_\_ DATE

### ACCOUNT INFORMATION:

PLEASE CHECK ONE:  New  Change  Cancel

I WISH TO HAVE:  100% of my net pay  Fixed amount of \$ \_\_\_\_\_

DEPOSITED TO MY:  Checking Account  Savings Account

\_\_\_\_\_ BANK NAME

\_\_\_\_\_ BANK PHONE NUMBER

\_\_\_\_\_ TRANSIT/ABA NUMBER

\_\_\_\_\_ ACCOUNT NUMBER

### 2ND ACCOUNT INFORMATION:

PLEASE CHECK ONE:  New  Change  Cancel

I WISH TO HAVE:  100% of my net pay  Fixed amount of \$ \_\_\_\_\_

DEPOSITED TO MY:  Checking Account  Savings Account

\_\_\_\_\_ BANK NAME

\_\_\_\_\_ BANK PHONE NUMBER

\_\_\_\_\_ TRANSIT/ABA NUMBER

\_\_\_\_\_ ACCOUNT NUMBER

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