

The University of North Carolina at Chapel Hill Direct Payroll Deposit Authorization Form for Faculty, Post-Docs, and EPA Student Employees

Instructions:

- Submit a direct deposit authorization form upon hiring and whenever your bank or account information changes.
- This form (PR-8A) is for use by Faculty, Post-Docs, and EPA Student Employees only. (EPA rank codes: 01–05 and 20–28.) If you are uncertain whether this includes you, ask your department’s Human Resource Facilitator.
- **Initial authorizations with this form must be certified by the Department’s Human Resources Facilitator or other Department Representative prior to submission. Forms lacking the required certification will be returned. (Submissions for a change in bank or account do not require certification.)**
- Give completed form to your Human Resource Facilitator or submit to Payroll Services, CB# 1260, UNC-Chapel Hill, Chapel Hill, NC 27599-1260.
- **Please print or type.**

Check one: New Authorization Change in Bank or Account

1. Bank or Credit Union Name	2.a. City	2.b. State
3. Employee Name	4. Account Type (check one)	
	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
5. Employee Social Security Number	6. Bank or Credit Union Transit Number	
7. Bank or Credit Union Account Number		

8. Employee Type:

Faculty, Post Doc, or EPA Student Employee paid on the **monthly** payroll

- I authorize my employer, The University of North Carolina at Chapel Hill, to deposit my net payroll earnings to my bank account indicated on this form.
- I understand that, should I terminate University employment, my final paycheck will not be deposited to my bank account but will be forwarded to my department.
- IRS Federal Regulations require that if you forward **the entire amount of your direct deposit** from your U.S. bank to a bank in another country, you must advise Payroll Services 919-962-0046 or payroll@unc.edu

9. Date _____

Signature _____

11. Attach a pre-printed **VOIDED CHECK** from your bank or credit union checking account below. For direct deposit to a savings account, attach written documentation.

DEPARTMENTAL USE ONLY: I-9 CERTIFICATION

I certify that Section One and Section Two of Form I-9, Employment Eligibility Verification, have been completed and that Form I-9 indicates that the employee for whom this initial payroll direct deposit request is submitted is eligible to work in the United States.

HRF/Departmental Representative Signature: _____ Date: _____

Departmental Representative Name and Title: _____

New authorization forms not certified above will be returned.

Attach voided check here