



NORTHWESTERN
UNIVERSITY

Authorization For Direct Deposit of Payroll

Please complete this form immediately upon hire to ensure timely deposit of your first paycheck. Existing employees may submit a new copy of this form at any time to add, change, or remove direct deposit accounts. Employees can view and print their payroll advices in FASIS Self Service up to two days before pay date.

I authorize Northwestern University to remit my net pay to my account at the institution indicated below and further authorize Northwestern University to initiate a withdrawal from the account to adjust for deposit entries made in error. I should not assume that the direct deposit is completed until I receive my first Notice of Advice on payday or view the payment online in FASIS Self Service.

Start direct deposit
 Add an account
 Change an account
 Stop direct deposit

To request that your money be deposited onto a Paychek Plus pay card, write "PAY CARD" as the name of the bank and leave the rest of that line blank. Information on the Paychek Plus pay card can be found at www.northwestern.edu/hr/payroll.

Required: Account that you want to receive your pay less money designated as an additional account below.

Name of Bank or Other Financial Institution or Pay Card	Bank Routing Transit/ABA Number	Account Number	Checking or Savings

Optional: Additional accounts that you would like to have money deposited into in order of priority.

Name of Bank or Other Financial Institution or Pay Card	Bank Routing Transit/ABA Number	Account Number	Checking or Savings	Amount or Percentage

Do you intend to forward any entire payment made through direct deposit to one of the accounts listed above to a bank account outside the U.S.?

Yes
 No
 If yes, which account(s) listed above _____

This authorization is to remain in full force and effect until revoked by me in writing. *Please attach a voided check or Financial Institution letter for each account to this form.*

EMPLOYEE NAME: _____ UNIVERSITY ID: _____
(Can be found on WildCard. New hires without an ID can use their SSN.)

SIGNED: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK, FINANCIAL INSTITUTION LETTER OR SAVINGS STATEMENT FOR EACH ACCOUNT ENSURING THAT YOUR BANK'S NINE DIGIT ABA/TRANSIT NUMBER IS CLEARLY IDENTIFIABLE.