



**A. To be completed by student:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TUID (REQUIRED) \_\_\_\_\_

- New\*\*
- Change (Any changes will be pre-noted)\*\*
- Cancel (Change Net Pay Disbursement to "C")

**B. To be completed by student and/or financial institution**

In order to minimize problems and expedite processing of your direct deposit, please verify your transit number and direct deposit account number with your financial institution. Incorrect transit and account numbers may result in a delay in the processing of this form.

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. \*

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 Rules 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, refunds) from Temple University to the account and financial institution indicated above. This authorization shall remain in effect **unless** I choose to terminate this agreement in writing to Temple University. Any such notification to Temple University 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.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE: OFFICE \_\_\_\_\_  
 HOME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\* FORM CANNOT BE PROCESSED IF REQUIRED INFORMATION IS NOT PROVIDED.

\*\* DUE TO THE VERIFICATION PROCESS, DIRECT DEPOSITS MAY TAKE 30-60 DAYS TO PROCESS.



**AUTHORIZATION FOR  
ADDITIONAL DIRECT DEPOSIT ACCOUNTS**

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_

**D. To be completed by student:**

**NAME** \_\_\_\_\_

**TUId** \_\_\_\_\_

DSC		TUId			
181	TRANSIT NUMBER	ACCOUNT NUMBER	TYP	AMOUNT/PERCENT	%
_____	_____	_____	_____	_____	_____
182	TRANSIT NUMBER	ACCOUNT NUMBER	TYP	AMOUNT/PERCENT	%
_____	_____	_____	_____	_____	_____
183	TRANSIT NUMBER	ACCOUNT NUMBER	TYP	AMOUNT/PERCENT	%
_____	_____	_____	_____	_____	_____
184	TRANSIT NUMBER	ACCOUNT NUMBER	TYP	AMOUNT/PERCENT	%
_____	_____	_____	_____	_____	_____
185	TRANSIT NUMBER	ACCOUNT NUMBER	TYP	AMOUNT/PERCENT	%
_____	_____	_____	_____	_____	_____