

FLORIDA GULF COAST UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION FORM

INCLUDE A VOIDED PERSONAL CHECK(S) WITH DDA FORM FOR VERIFICATION. FOR SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S). MONEY MARKET ACCOUNTS WILL NOT BE ACCEPTED.
YOU WILL RECEIVE AT LEAST ONE PAPER CHECK BEFORE DIRECT DEPOSIT BECOMES ACTIVE.
FORMS WITH DEPOSIT SLIPS ATTACHED WILL BE REJECTED; THE BANKING CODES ARE NOT CORRECT.

Employee ID		Campus Phone #	
Last Name		First Name	M.I.
Address (Number, Street)			
City		State	Zip Code
Action Requested (Check Only One) <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop			
DIRECT DEPOSIT #1			
If choosing one banking option, provide banking information and check the "Full Deposit" box. If choosing partial amount or percent for DD# 1, enter partial amount or percent and check balance box on DD # 2.			
Name of Financial Institution _____		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Transit Routing Number _____		Partial Amount \$ _____	<input type="checkbox"/> Full Deposit
Account Number _____		Percent _____	<input type="checkbox"/> Balance
DIRECT DEPOSIT #2			
If choosing partial amount or percent for DD# 2, enter partial amount or percent and check balance box on DD # 1.			
Name of Financial Institution _____		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Transit Routing Number _____		Partial Amount \$ _____	<input type="checkbox"/> Balance
Account Number _____		Percent _____	

AGREEMENT

I hereby authorize and request Florida Gulf Coast University (FGCU) to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. This direct deposit is to remain in effect until withdrawal by: (a) me in writing with sufficient notice to FGCU to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) FGCU. **Special Note:** Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to FGCU and may cause a delay in payment.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform HR/Payroll immediately by completing and submitting an IAT (International ACH Transaction) Compliance Form available at: <http://www.fgcu.edu/HR/formsbyname.asp> .

Signature: _____ **Date:** _____

**THIS FORM MUST BE SIGNED AND DATED
PLEASE ATTACH A VOIDED CHECK**

Do not write below this line

PAYROLL ACCOUNTS PAYABLE

Entered: _____ **Verified By:** _____
 Initials Date Initials Date