

**UNIVERSITY OF DUBUQUE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I authorize the University of Dubuque to forward my net payroll earnings to the financial institution and account number shown below.

Should I change financial institutions or account numbers, a new authorization form is necessary. Forms canceling direct deposits should be completed on accounts that are closed.

I hereby authorize the University of Dubuque to initiate credit entries (deposits) and to initiate, if necessary, debit entries (corrections and/or adjustments) for any credit entries in error to my checking and/or savings account as indicated below. I authorize the financial institution stipulated below to credit and/or debit all such amounts to my account indicated below.

This authority is to remain in force until the University of Dubuque has received written notification from me and has had reasonable time to process any requested change.

NAME: _____ **SSN:** _____

I am: ___ a new participant ___ changing financial institutions ___ canceling direct deposit

Type of Account: ___ Checking ___ Savings _____ \$ amount
Transit Routing Number _____ Account Number _____
Financial Institution _____ City _____

Type of Account: ___ Checking ___ Savings _____ \$ amount
Transit Routing Number _____ Account Number _____
Financial Institution _____ City _____

** Important Note: The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.

** Checking and Savings accounts do not need to be at the same financial institution.

SIGNED: _____ **DATE:** _____