

Human Resources

Direct Deposit Request

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

You must complete, sign and date this form to:

- Enroll in Direct Deposit
- Change current enrollment information
- Add an additional account
- Cancel enrollment

Please attach the proper documentation:

- Voided check for a checking account
- Documentation from the bank verifying your routing an account number
- If choice is "Cancel", no documentation is required.

For questions about the documentation above, contact HR/Payroll at 523-1348.

**Please note:** Verify the type of account, bank transit number and account number with your bank before submitting this form. If you only have one account your entire net pay will be deposited into that account. Any new account or old account that has been modified will pre-note and you will receive a check for that pay date.

**Account #1**

Use Existing Account

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account:  Checking  Savings

Bank Transit/ABA: \_\_\_\_\_ Account #: \_\_\_\_\_

**Remainder of net pay will be deposited into this account**

Priority 999

**Account #2**

Use Existing Account

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account:  Checking  Savings

Bank Transit/ABA: \_\_\_\_\_ Account #: \_\_\_\_\_

**Amount to be deposited: % \_\_\_\_\_ Or \$ \_\_\_\_\_**

Priority 888

**Once I authorize Direct Deposit with either the Human Resources Payroll Department or the Student & Departmental Account Office, I understand that any and all refunds, Payroll and Financial Aid will be disbursed to me using this account information.**

**I hereby authorize and request Northern Arizona University to automatically deposit my payroll check into my account(s) listed above. This includes my authorization to correct any entries made in error. This authorization will remain in effect until I give written notice to cancel it.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_