

THE UNIVERSITY OF ARIZONA FOUNDATION

Employee Direct Deposit

Instructions:

1. Complete the employee required information section
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to Human Resources or Payroll.

EMPLOYEE – Required Information

PLEASE PRINT
Employee Name _____

Social Security No. ____-____-____/____-____/____-____-____

Complete for Direct Deposit

I would like my wages/salary deposited to the following bank account(s):

Checking Account

Bank Name _____
(Attach only a void check, bank letter or specification sheet.
Deposit tickets not accepted.)

I wish to deposit (check one):

Entire Net Pay

Specific Dollar Amount \$_____.00

Savings Account

Bank Name _____
(Attach only a bank letter or specification sheet. Deposit tickets
not accepted.)

I wish to deposit (check one):

Entire Net Pay

Specific Dollar Amount \$_____.00

Attach Void Check, Bank Letter or Specification Sheet Here

I hereby authorize the University of Arizona Foundation (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date ____/____/____

Return this original form to Human Resources or Payroll in a sealed envelope