

Please leave this area blank

**UNIVERSITY OF FLORIDA
DIRECT DEPOSIT AUTHORIZATION**
Michael V. McKee, University Controller
PLEASE TYPE OR PRINT CLEARLY

Your University of Florida ID Number

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Last Name	First Name	M. I.

Home Mailing Address (Number, Street, Apt #)

City

State

Zip Code

Home Telephone ()	Other Telephone (work, cell, etc.) ()
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Direct Deposit Action Requested (Check Only One)	(1) <input type="checkbox"/> Start (2) <input type="checkbox"/> Change (3) <input type="checkbox"/> Stop (4) <input type="checkbox"/> Name Change Only
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Account Type (Check Only one)	(1) <input type="checkbox"/> Checking (2) <input type="checkbox"/> Savings
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Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution

Employee's Signature

Date

THIS FORM MUST BE SIGNED AND DATED BY PAYEE
Signature above signifies acceptance of the terms and conditions in the
AGREEMENT to the right.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
For a Start or Change all boxes must be completed;
do not leave information blank!

This form will start, change, or stop direct deposit for wage payments received by you from the University of Florida. You may not have direct deposit to more than one account at one time.

Name:
Please be sure your last name on this form matches the last name on your W-4 on file with your Human Resources Office. Your direct deposit will not start if the last names do not match. If you change your last name on your W-4, you also must change your last name for direct deposit.

- Direct Deposit Action Requested:**
- (1) Check **Start** if you don't have direct deposit and wish to.
 - (2) Check **Change** if you have direct deposit and wish to change your financial institution or just your account number or account type (checking or savings). Your current direct deposit is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).
 - (3) Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received.
 - (4) Check **Name Change Only** if you are changing only your name to correspond to your W-4. Complete the top portion of the form and sign and date it.

AGREEMENT
I hereby authorize and request the University of Florida 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. Direct deposit data remains active in the University Payroll Office until one year after separation of employment or until it is changed by:

- (a) me in writing by submitting another form requesting a stop;
- (b) my death or legal incapacity;
- (c) the financial institution or
- (d) the University of Florida.

Special Note:
Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to the Payroll Office and cause a seven to ten day delay before you receive your payment. To find out the status of your direct deposit, please call our Payroll Office at (352) 392-1231.

Tape a voided personal check here
for account verification.
**Do not attach a deposit slip. Forms with
deposit slips attached will be rejected since the
banking codes are listed incorrectly.**

If using a savings account, please verify
account information with your financial
institution.

Fax to:
(352) 846-0166
If you fax your form, retain
the original, do not mail it.

Or mail to:
Payroll Services
PO Box 113201
101 Tigert Hall
Gainesville, FL 36211-3201

Telephone: (352) 392-1231, SC 622-1231