

WESLEYAN
UNIVERSITY



Middletown, Connecticut

**AUTHORIZATION AGREEMENT
FOR
PAYROLL DIRECT DEPOSIT**

Graduate

Undergraduate

Class year _____

Name: _____

Wesleyan ID#: _____

Telephone: _____ E-Mail Address: _____

I authorize the deposit of my Wesleyan University Payroll Check/Earnings into my Bank Account as indicated below. I understand that I must complete a new direct deposit authorization to stop direct deposit before I close the indicated bank account. Failure to notify the Payroll Office of a closed account may result in a delayed receipt of earnings.

Account Type: (PLEASE CHECK ONE ONLY)

CHECKING
or

Routing#

(9 digits)

SAVINGS

Account #

WHAT IS PRENOTE? THERE IS A TWO PAY PERIOD *DELAY* FOR SETTING UP A NEW ACCOUNT WHICH TESTS THAT THE INFORMATION ENTERED IS CORRECT.

FOR ACCURACY WE ASK YOU ATTACH A *VOIDED PRE-PRINTED CHECK* SO WE CAN VERIFY THE NUMBERS. FOR SAVINGS PLEASE CALL THE BANK AND *VERIFY THE ROUTING AND ACCOUNT NUMBER.*

This authorization should remain in force until I cancel it or until I terminate my employment with Wesleyan University. I understand that any change to this authorization will be processed for the next earliest pay period. Wesleyan University reserves the right to recall any deposit improperly created and deposited to my account for any reason. I agree that my bank may honor any recall requests made by Wesleyan University and hereby absolve Wesleyan University from any and all liability that either institution might incur as a result of such a recall by Wesleyan University for any cause.

THE BANK CAN BE HERE IN MIDDLETOWN OR AT ANY U.S. BANK, AS LONG AS THEY ACCEPT DIRECT DEPOSITS.

Signature

Date

REMEMBER:

LOST OR STOLEN CHECKS TAKE UP TO TWO WEEKS TO REPLACE
CHECKS BECOME STALE DATED AND UNCASHABLE IN SIX MONTHS

FEEES MAY BE CHARGED FOR REPLACEMENT OF CHECKS

**DIRECT DEPOSIT
CANCELLATION REQUEST**

I hereby request cancellation of the
Direct Deposit authorization as stated above

Signature

Date