

WESLEYAN

UNIVERSITY

Middletown, Connecticut



AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Name: _____

Wesleyan ID#: _____

 Telephone: _____ Pay Frequency: Monthly Semi-Monthly Weekly Effective Date: _____ Type of Request: NEW CHANGE
 (Please circle one) (Please circle one)
FOR OFFICE USE ONLY: WHEN PROCESSING SUPPRESS ADVICE FOR ALL PAY GROUPS EXCEPT TEMP EMPLOYEES

I authorize the deposit of my Wesleyan University Payroll Check/Earnings into my Bank Account(s) 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(s). Failure to notify the Payroll Office of a closed account may result in a delayed receipt of earnings.

TYPE OF ACCOUNT:

- ☐ CHECKING
- ☐ SAVINGS
- ☐ OTHER

BANK ROUTING # _____

DEPOSIT

PRIORITY: _____

ACCOUNT #: _____

DIRECT DEPOSIT AMOUNT: _____

You may split your Direct Deposit into a maximum of three (3) accounts (EXAMPLE: 2 checking/1 savings or 1 checking/2 savings). Also, you must indicate the priority, or order, in which your deposit will be handled if you elect more than one account. The lowest priority account will be credited with the remaining deposit if for any reason the elected deposit exceeds the actual deposit.

WE REQUIRE YOU PROVIDE A VOIDED CHECK OR A BANK DOCUMENT WITH YOUR ROUTING AND ACCOUNT NUMBER WHEN SETTING UP A CHECKING ACCOUNT. IF YOU HAVE A SAVINGS ACCOUNT WE REQUIRE A BANK DOCUMENT WITH ROUTING AND ACCOUNT NUMBER. THE INFORMATION ALLOWS US TO START YOUR DIRECT DEPOSIT ON THE NEXT AVAILABLE PAY CYCLE.

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.

**ATTACH VOIDED PRE-PRINTED CHECK
FOR CHECKING ACCOUNT DEPOSITS**

OR

**CONTACT BANK FOR SAVINGS ACCOUNT ROUTING
NUMBER**

Signature _____

Date _____