

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 #

NOTE: THE NUMBER ON YOUR ATM CARD IS NOT YOUR BANK ACCOUNT NUMBER.**WE RECOMMEND YOU PROVIDE A VOIDED CHECK OR A BANK DOCUMENT WITH YOUR ROUTING AND ACCOUNT NUMBER.****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.

THE BANK CAN BE HERE IN MIDDLETOWN OR AT ANY U.S. BANK, AS LONG AS THEY ACCEPT DIRECT DEPOSITS._____
Signature_____
Date**REMEMBER:****ATTACH A VOIDED CHECK OR CONTACT YOUR BANK TO REQUEST
THE ROUTING AND ACCOUNT NUMBERS REQUIRED TO SET UP DIRECT.
DEPOSIT.****DIRECT DEPOSIT
CANCELLATION REQUEST****I hereby request cancellation of the
Direct Deposit authorization as stated above**_____
Signature_____
Date