

**AUTHORIZATION AGREEMENT
 FOR
 PAYROLL DIRECT DEPOSIT**

Name: _____ Effective Date: _____ Wesleyan ID#: _____
 Telephone: _____ Pay Frequency: Monthly Semi-Monthly Weekly Type of Request: NEW CHANGE
 (Please circle one) (Please circle one)

SPECIFY WORK LOCATION BY STATE: Connecticut: Yes or No List Alternate State: _____
 (Please circle one)

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: (Please circle one)	BANK ROUTING # (Must be 9 digits)	DEPOSIT PRIORITY (1, 2 or 3)	ACCOUNT #	DIRECT DEPOSIT DISTRIBUTION (Specify allocations as needed)
<input type="checkbox"/> CHECKING/SAVINGS _____		<input type="checkbox"/>		
<input type="checkbox"/> CHECKING/SAVINGS _____		<input type="checkbox"/>		
<input type="checkbox"/> CHECKING/SAVINGS _____		<input type="checkbox"/>		

PLEASE READ CAREFULLY:
 You may split your Direct Deposit into a maximum of three (3) accounts. Split accounts can be set up by specific dollar amount as long as the last account defers to a balance amount or use percentage that totals 100%. You must indicate the priority, or order, in which your deposit will be handled if you elect more than one account. **100% of expense related payments paid through Accounts Payable will go to the account you designate as Balance (for amount based distributions) or Priority (1) for percentage based distributions).**
 Access your on-line banking for confirmation of your routing and account number, or provide a bank document such as a voided check when setting up a checking account. 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.

ATTACH VOIDED PRE-PRINTED CHECK FOR CHECKING ACCOUNT DEPOSITS OR CONTACT BANK FOR SAVINGS ACCOUNT ROUTING NUMBER

 Signature Date