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 ONLY ONE) ☐ CHECKING or ☐ SAVINGS

Routing# _____ (9 digits)

Account # _____

NOTE: THE NUMBER ON YOUR ATM CARD IS NOT YOUR BANK ACCOUNT NUMBER.

ACCESS YOUR ONLINE 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. 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