

Please leave this area blank

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS
For a Start or Change all boxes must be completed;
do not leave information blank.

This form will start, change, or stop direct deposit for wage payments received by you from the University of Florida. You may not have direct deposit to more than one account at one time.

**New employees: Submit this form to the hiring department.
Current employees: Send the form directly to University Payroll Services.**

Name:

Please be sure your last name on this form matches the last name on your W-4 on file with your Human Resources Office. Your direct deposit will not start if the last names do not match. If you change your last name on your W-4, you also must change your last name with your financial institution.

**UNIVERSITY OF FLORIDA
DIRECT DEPOSIT AUTHORIZATION
Michael V. McKee, Assistant Vice President and
University Controller
PLEASE TYPE OR PRINT CLEARLY**

Direct Deposit Action Requested:

Check **Start** if you don't have direct deposit and wish to.
Check **Change** if you have direct deposit and wish to change your financial institution or just your account number or account type (checking or savings). Your current direct deposit is stopped when a change request is received. While the change is being processed, you may be paid by warrant (check).

Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received. A new direct deposit form will need to be sent to start your new account type.

You do not need to submit a new form when changing departments/positions within the University.

AGREEMENT

I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. Direct deposit data remains active in the University Payroll Office until one year after separation of employment or until changed by:

- (a) me in writing by submitting another form requesting a stop;
- (b) my death or legal incapacity;
- (c) the financial institution or;
- (d) the University of Florida.

I understand that I am required to terminate my direct deposit information with the University of Florida before I close my bank account.

Special Notes: If you need assistance or have questions about your direct deposit, please call University Payroll Services at (352) 392-1231.

A voided personal check that includes your imprinted name or correspondence from your financial institution that includes the account holder's name, account number, and routing number must be attached here for account verification.

Do not attach a deposit slip. Forms with deposit slips attached will be rejected since the banking codes are not valid for direct deposit.

New Hires:
Include form and voided imprinted check with payroll packet. Send completed packet to HR.

Stops and Changes:
Fax to: (352) 846-0166
If you fax your form, retain the original; do not also mail the original to Payroll.

Telephone: (352) 392-1231

This form will not be processed without your UF ID#.

UF ID#		
Last Name	First Name	M. I.
Local Mailing Address (Number, Street, Apt #)		
City		
State		Zip Code
Telephone (Work/Cell/Home) ()		Email Address
Direct Deposit Action Requested (Check only one)	(1) <input type="checkbox"/> Start	
	(2) <input type="checkbox"/> Change	
	(3) <input type="checkbox"/> Stop	
Account Type (Check only one)	(1) <input type="checkbox"/> Checking	
	(2) <input type="checkbox"/> Savings	
	(3) <input type="checkbox"/> Pay / Debit Card	
Your Account Number		
Transit Routing Number of Your Financial Institution		
Name of Your Financial Institution		
Telephone Number of Your Financial Institution		
Employee's Signature		Date

THIS FORM MUST BE SIGNED AND DATED BY PAYEE
Signature above signifies acceptance of the terms and conditions in the AGREEMENT to the right.