



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

YES! I wish to have my employer deposit my net pay amount each payday directly to my account at the financial institution shown below. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed.

Name of Financial Institution: _____

Branch (City And State) _____ Checking(C) Savings (S) _____

I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account my bank is authorized to debit my account for the amount of the adjustment.

Please staple to the original form a **VOIDED CHECK** or **DEPOSIT SLIP** for your financial institution and account number. **(Must include Bank Routing ABA Number.)**

Terminate direct deposit of my net pay amount and issue payroll check instead.

Signed _____ Date _____ UIN / RF ID: _____
Employee's Full Name

(You are not legally required to furnish the above information. This information is required if you wish to participate in the Direct Deposit Program.)

To be completed by Agency Payroll Section

Bank routing (ABA)Number _____ Bank Account number _____ Checking(C) Savings(S) _____

Employee Direct Deposit information has been entered in the Payroll System and verified. Direct deposit in the above account should begin by _____.
Date

Processed by: _____ Date: _____

Audited by: _____ Date: _____