## **Roger Williams University Direct Deposit Authorization Form**

| Employee Name:  |  | Social Security #:  |  |
|---|--|---|--|
| Local Phone #:  |  | Work Phone #:   |  |
| <ul> <li>Activate another accou</li> <li>Cancel <u>all</u> active Direct</li> <li>Cancel <u>one</u> of my active</li> </ul> | Deposit (no currently active of<br>ant in addition to existing Direct<br>of Deposits<br>ve Direct Deposits (as indicated | ect Deposits (as indicated below)   |  |
| Bank # 1  |  |   |  |
| Bank Name:  |  | City/State:   |  |
| Routing Number:   |  | Account Number:(9 digits)   |  |
| Type of Account:  | Checking Account   | <ul> <li>Gradients</li> <li>Savings Account</li> <li>ount <a>I Flat Amount: \$</a></li> </ul> |  |
| Bank # 2  |  |   |  |
| Bank Name:  |  | City/State:   |  |
| Routing Number:(9 digits)   |  | Account Number:   |  |
|   | <ul><li>Checking Account</li><li>Full Net/Remaining Am</li></ul>   | <ul> <li>Savings Account</li> <li>ount Flat Amount: \$</li> </ul>                             |  |
| NOTE: For each account ind  | licated above, please attach (   | ONE OF THE FOLLOWING FOR ACCOUNT  |  |

NOTE: For each account indicated above, please attach ONE OF THE FOLLOWING FOR ACCOUNT VERIFICATION:

1) a voided check, 2) Account card issued from the bank with your account number 3) Copy of the top of your bank statement with account number on it 4) Direct Deposit letter from your bank with your account number and routing number on it.

I authorize Roger Williams University to deposit all or a portion of my net pay to the bank account(s) as indicated above. If funds are credited erroneously to my account(s) to which I am not entitled, I authorize Roger Williams University to debit (reverse) the erroneous deposit made to my account(s).

I understand there may be a waiting period of up to two pay periods to set up and verify the direct deposit. It is my responsibility to verify the date and amounts of my direct deposits debits before writing any checks or accessing funds. I will not hold Roger Williams University responsible for any bank fees charged for insufficient funds.

I understand that I must notify the Payroll Office immediately before I close the account(s) listed above while the direct deposit is active in the Payroll system.

| Employee | Signature: |
|----------|------------|
|----------|------------|