



# 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 \_\_\_\_\_ SSN \_\_\_\_\_  
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.)

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### 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: \_\_\_\_\_