

Western New England University Authorization for Direct Deposit of Payroll

Please complete all fields. Attach the appropriate documentation
Students should submit their form to the Student Payroll Office.

Date: _____

Employee Information: Please Print or Type.

Name (Last, First, MI): _____ Telephone # or Ext. _____

Social Security # (Last 4 Digits Only): _____ E-mail Address: _____

The entire check must be deposited to one account.

PAYROLL ACCOUNT:			
<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> NO Change
Bank Name: _____			
Routing #: _____			
		<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Account #: _____			

Attach one of the following: Unused check marked "Void"; photocopy of an unused check; email from bank representative; form from your bank. Deposit slips cannot be accepted.

Documentation must have FULL account and routing number.

AUTHORIZATION

I authorize Western New England University to direct deposit funds to my account(s) in the financial institution(s) listed above. If funds to which I am not entitled are deposited to my account, I authorize the University to initiate a correcting (debit) entry.

Western New England University assumes no responsibility to issue a payroll check to any employee whose direct deposit could not be processed due to his/her account being closed, or any other reason, until the receiving financial institution has either guaranteed refund of such deposit or refunded it.

This authority is to remain in full force and effect until Western New England University has received written notification from me of its change or termination in such time and manner as to afford the University a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

PAYROLL USE ONLY:

Effective Pay Date: _____ Processed By (Initials): _____ Date: _____