

Western New England University Authorization for Direct Deposit of Payroll

**This form is for Faculty and Staff only.
Please submit completed form to the Payroll Office.**

Employee Information:

Name (Last, First): _____ Telephone #: _____

Social Security# (Last 4 digits): _____ E-mail: _____

PAYROLL PRIMARY ACCOUNT:	
Bank Name: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
Routing #: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Checking
Account #: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Saving
PAYROLL SECONDARY ACCOUNT(S): If you have more than two secondary accounts, please complete an additional form.	
Bank Name: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
Routing #: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Checking
Account #: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Saving
	Dollar Amount: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Bank Name: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
Routing #: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Checking
Account #: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Saving
	Dollar Amount: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

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 refund. 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: Processed By _____ Date _____