

The University of Toledo Employee Direct Deposit Authorization

I authorize the University of Toledo and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. I also understand that this request will be held for processing if documents needed in Payroll have not been completed or turned in. **Be aware this form will not be processed on the day it is received. Activating or canceling requires two to three pay periods.**

NEW CHANGE ADDITIONAL CANCEL NEW CHANGE ADDITIONAL CANCEL NEW CHANGE ADDITIONAL CANCEL
Checking Savings 3rd Additional Savings or Checking

Financial Institution _____	Financial Institution _____	Financial Institution _____
City _____ State _____	City _____ State _____	City _____ State _____
Routing Number _____	Routing Number _____	Routing Number _____
Account Number _____	Account Number _____	Account Number _____

Attach voided check to bottom of page – REQUIRED – no deposit slips

Direct Deposit Option – Checking Direct Deposit Option – Savings _____ Specific dollar amount to be deposited into
 100% (all monies deposited in checking account) 100% (all monies deposited in savings account) Savings or Checking

The below option requires financial institution entries in both checking and savings.

_____ Specific dollar amount to be deposited into savings AND the **remainder** deposited into checking account

This authority is to remain in effect until The University of Toledo has received written notification from me of its termination or notification from the financial institution that the account has been closed. **Be aware that it takes two to three pay periods to activate or cancel a direct deposit.** You will continue to receive a statement outlining all your payroll information.

Date _____ Social Security Number XXX-XX- _____ Rocket ID Number _____

I understand that once this form has been submitted to Payroll the time frame for activating or canceling the account(s) is two to three pay periods. This form must be filled out completely in order for Payroll to process.

Printed Name: _____ Please print legible Email address: _____ Please print legible Office/Department _____

Signature _____ Original Signature Required Here Telephone Number _____

**ATTACH VOIDED CHECK HERE
DO NOT USE DEPOSIT SLIPS**