

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 may not be processed on the day it is received.**

Action: NEW CHANGE ADDITIONAL CANCEL

Account Type: Checking Savings

Financial Institution _____

Routing Number _____

Account Number _____

Amount/Percent: _____ Amount Percent
(Last account must be 100%)

Priority/Sequence Number _____

Comments _____

Action: NEW CHANGE ADDITIONAL CANCEL

Account Type: Checking Savings

Financial Institution _____

Routing Number _____

Account Number _____

Amount/Percent: _____ Amount Percent
(Last account must be 100%)

Priority/Sequence Number _____

Comments _____

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.

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 one to two pay periods. This form must be filled out completely in order for Payroll to process.

Printed Name: _____ Email address: _____ Office/Department _____

Signature _____ Telephone Number _____