

Credit Authorization to Indiana University for Direct Bank Deposit Service

Instructions:

1. Fill in the form within your browser.
2. Print the completed form using your browser. Use File/Print. (Note: Filled form cannot be saved—you must print it to retain a copy)
3. Sign and date the form in the space provided.
4. MAIL THE COMPLETED FORM TO YOUR CAMPUS PAYROLL DEPARTMENT.
5. The following **MUST BE ATTACHED** to printed form: for checking or share draft accounts, voided check(s); for savings accounts, deposit slip(s).

(Fill in boxes below)

Name _____

IU Employee ID Number _____ or last 4 digits of SSN# _____ (New IU employees only)

PAY SCHEDULE (check 1, your primary position): BIWEEKLY MONTHLY

<p>START depositing my net earnings on all payrolls into my checking or savings account(s) (see below).</p>	<p>STOP depositing my net earnings on all payrolls into my checking or savings account(s) (see below).</p>	<p>CHANGE my bank(s) and checking or account number(s) as shown below. My net earnings are now being deposited.</p>
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NOTE: You may designate direct deposit by **either** percent **or** amount, but not both. This direct deposit information will be used to distribute **ALL** payroll payments from IU.

1) Name of Financial Institution

City _____ State _____ Zip _____

Bank Routing Number (ABA): _____

* Percent _____ or Amount _____

Complete only one of the following:

Checking Account No. _____ **OR** Savings Account No. _____

2) Name of Financial Institution

City _____ State _____ Zip _____

Bank Routing Number (ABA): _____

Remaining Balance _____ * Percent _____ **Note: Total percent MUST equal 100 overall*

Complete only one of the following:

Checking Account No. _____ **OR** Savings Account No. _____

I certify that I am the owner, or joint owner, of the account(s) designated and am entitled to provide this authorization. I authorize Indiana University to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. **This authorization will remain in effect until Indiana University receives written notice of direct deposit termination from me**, in such time and manner as to afford reasonable opportunity for Indiana University and the Financial Institution(s) to act on it. I understand that the very earliest I can expect my checking or saving account(s) to be credited will be on payday. Also, if I change or terminate my account(s) without notifying IU Payroll in writing, I understand that my pay may be delayed. This authorization may be discontinued only by my written request, or automatically two years following my termination of all employment with IU.

Signature _____ Date _____ Campus Phone Number _____