



DIRECT DEPOSIT AUTHORIZATION

Last Name: _____ First Name: _____ ID #: _____

This section should be completed to start, change or stop directing funds electronically into a checking or savings account. Please attach a voided personal check or printout from your financial institution showing the routing and account number. Pay statements will be available on Paycor at www.Paycor.com.

<input type="checkbox"/> New <input type="checkbox"/> Change _____ Name of Institution _____ Routing # _____ Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Net Pay or <input type="checkbox"/> \$ _____	<input type="checkbox"/> New <input type="checkbox"/> Change _____ Name of Institution _____ Routing # _____ Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Net Pay or <input type="checkbox"/> \$ _____	<input type="checkbox"/> Stop I no longer want direct deposit for the following account. _____ Name of Institution _____ Routing # (if available) _____ Account # (if available) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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[ATTACH VOIDED CHECK HERE]

Dominican University will deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take my employer cannot issue the funds to me until the funds are returned to my employer by my financial institution.

Employee Signature _____ Date _____

HR USE ONLY: Payroll (circle one): STUD FAC STAFF

Entered _____ (DATE) by _____ (HR Initials)