RUTGERS, THE STATE UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Rutgers, The State University of New Jersey, to begin, change, or cancel (as indicated), the direct deposit of my pay to my savings/checking account(s) and to the bank as indicated by the bank transit-routing #.

SECTION I

CHECK THE APPROPRIATE BOX

I wish to [ ] BEGIN [ ] CHANGE [ ] CANCEL the direct deposit of my net pay.

My Social Security Number and Bank/Account information is listed below.

D D (1 2)

Social Security Number (4 – 12)

Payroll Use Only (15 – 20)

BANK TRANSIT/ROUTING # (21 – 29)

ACCOUNT 1 (30 – 46) (Leave no blank spaces between numbers)

Type of Account (47): C Checking, S Savings

COMPLETE SECTION II ONLY IF USING MORE THAN ONE ACCOUNT AT SAME BANK

SECTION II — **DISTRIBUTION OF DEPOSIT**

TO ACCOUNT 1 ABOVE

DEPOSIT % (48) OR AMOUNT (50 – 56)

ACCOUNT 2

The balance of your deposit which was not distributed to account # 1 will be deposited to account # 2 below.

ACCOUNT 2 (57 – 73) (Leave no blank spaces between numbers)

Type of Account (74): C Checking, S Savings

SECTION III

I understand that the entire net amount of my biweekly earnings will be deposited through First Union Bank, New Jersey to the account(s) which I have indicated above. This agreement is to remain in effect until another signed Direct Deposit Authorization Form has been submitted to the University Payroll Department. Only one Direct Deposit Form will be in effect at any given time.

I understand that to begin Direct Deposit or to change a bank and or deposit account number, a two pay period verification is required. (See instructions on back)

I have confirmed the Bank Transit/Routing # and Account #(s) with my bank and I have read the attached instructions.

NAME (Please Print) _____

SIGNATURE _____ DATE _____

E-MAIL ADDRESS _____ CAMPUS ADDRESS _____

UNIVERSITY EXTENSION _____ HOME PHONE _____

MAKE A PHOTO COPY FOR YOUR RECORDS