

Direct Deposit Form

Send Completed form to Office of Human Resources

- Please check one of the boxes below: **Accounts Payable *reimbursements & payments**
- Start Direct Deposit*** |
 Change Bank* |
 Change Acct. #* |
 Stop Direct Deposit* |
 Add Acct.**
- ** CANCELLATION OR CHANGE OF DIRECT DEPOSIT MUST BE DONE BEFORE CLOSING OF BANK ACCOUNT. ** **Cont. current Alloc.

<u>Account Information</u>	
Bank Name: _____	Checking OR Savings
Account #: _____	Amount to be Deposited \$ _____
Routing #: _____	OR
	100% of net pay (Add Acct. Stop Acct.)

<u>Account Information</u>	
Bank Name: _____	Checking OR Savings
Account #: _____	Amount to be Deposited: \$ _____
Routing #: _____	OR
	100% of net pay (Add Acct. Stop Acct.)

<u>Account Information</u>	
Bank Name: _____	Checking OR Savings
Account #: _____	Amount to be Deposited: \$ _____
Routing #: _____	OR
	100% of net pay (Add Acct. Stop Acct.)

Instructions: Please tape a Voided Check and/or a printed form from Financial Institution with your Routing & Account information. Your Electronic Funds Transfer (EFT) cannot be setup without this information.

TAPE VOIDED CHECK

&/or printed form from Financial Institution

I hereby authorize Heritage University to automatically deposit my net pay to my account(s) as indicated above on each regular payday. If funds, to which I am not entitled to, are deposited, I authorize my bank to honor my employer's instructions to refund any amount it has deposited into my account. This authorization will remain in effect until I have cancelled it in writing. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of my EFT may be delayed or that my payments may be erroneously transferred electronically. I hereby hold Heritage University and employees, harmless for any errors that might occur in the process of Electronic Funds Transfers. At no time will the University be liable for any costs or damages which might occur as a result of this Agreement.

Employee Name: _____

Employee Signature: _____

Destruction Date: _____
(90 days from issue)

Heritage University I.D. #: _____ Date: _____ Phone #: _____