

Roger Williams University Direct Deposit Authorization Form

Employee Name: _____ Social Security #: _____

Local Phone #: _____ Work Phone #: _____

NOTE: Please attach acceptable documentation, as noted on the reverse, for each account indicated below.

I hereby authorize Roger Williams University to:

Please check one:

- Activate a New Direct Deposit (no active direct deposits in the system)
- Activate another account in addition to existing Direct Deposits (as indicated below)
- Cancel **all** active Direct Deposits
- Cancel **one** of my active Direct Deposits (as indicated below)
- Cancel **all** active Direct Deposits and **replace** with the new Direct deposit account indicated below.
- Reinstate** current Direct Deposit account (include account number and name of the bank).

Bank # 1

Bank Name: _____ City/State: _____

Account Number: _____ Routing Number: _____

(9 digits)

Type of Account: Checking Account Savings Account

Amount Directly Deposited: Full Net/Remaining Amount Flat Amount: \$ _____

Bank # 2

Bank Name: _____ City/State: _____

Account Number: _____ Routing Number: _____

(9 digits)

Type of Account: Checking Account Savings Account

Amount Directly Deposited: Full Net/Remaining Amount Flat Amount: \$ _____

I authorize Roger Williams University to deposit all or a portion of my net pay to the bank account(s) as indicated above. If funds are credited erroneously to my account(s) to which I am not entitled, I authorize Roger Williams University to debit (reverse) the erroneous deposit made to my account(s).

I understand there may be a waiting period of up to two pay periods to set up and verify the direct deposit. It is my responsibility to verify the date and amounts of my direct deposits debits before writing any checks or accessing funds. I will not hold Roger Williams University responsible for any bank fees charged for insufficient funds.

I understand that I must notify the Payroll Office immediately before I close the account(s) listed above while the direct deposit is active in the Payroll system.

Employee Signature: _____ Date: _____