University of Northern Iowa

Direct Deposit of Payroll

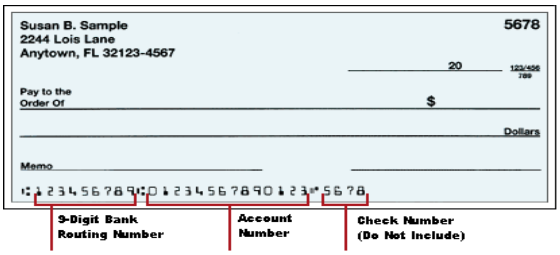
Authorization Form

Name (Please Print) _____ UNI ID# _____

(Last, First, MI)

I hereby authorize the University of Northern Iowa to initiate direct deposit credit entries and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution(s) indicated below.

This authority is to remain in full force and effect until the end of my appointment or the University of Northern Iowa has received written or electronic notification from me of its termination in such time and in such manner as to afford the University of Northern Iowa and the financial institution(s) named below a reasonable opportunity to act on it.



If available, staple a voided check or copy (not a deposit slip), or documentation from your bank or credit union of your account information to this form. This form must be received in Payroll 10 days prior to your next payroll date to guarantee it will be effective for payroll.

Most people have one bank designated for direct deposit (1). However, if you wish to split your pay check between banks, please use the additional entry fields (2 & 3) for that purpose. If making changes to your direct deposit information, please enter the information for ALL accounts – even if you're not making changes to all of the accounts.

1. Financial Institution (bank, credit union, etc.)_____

   City, State and Zip _____

   Routing # _____ Account # _____

   Deposit Entire Net Pay ☐ OR a Flat Amount of $_____

   (If flat amount, must complete 2 below.)

   Account Type: Checking ☐ Savings ☐

2. Financial Institution _____

   City, State and Zip _____

   Routing # _____ Account # _____

   Flat Amount $_____ OR Balance of Pay ☐

   (If flat amount, must complete 3 below.)

   Account Type: Checking ☐ Savings ☐

3. Financial Institution _____

   City, State and Zip _____

   Routing # _____ Account # _____

   Balance of Pay ☐

   Account Type: Checking ☐ Savings ☐

Signature _____ **Date** _____

Return form to Business Operations-Payroll, 103 Gilchrist. You will need a photo ID.