

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY MULTIPLE ACCOUNTS

EMPLOYEE INFORMATION

Name (Please Print)

_____ New _____ Change

Employee ID or Social Security Number

<i>(to be completed by payroll office)</i>	
_____ Prenote Date	_____/_____ Bank Code / Type

***All new direct deposit accounts will require a pre-note with the requested financial institution to ensure accurate information. Please expect new direct deposit accounts to be delayed by one paycheck.**

Partial deposit accounts should include a specific dollar amount. One account will need to be named as the "remainder account". Partial deposit amounts will be given priority; all remaining dollars will be deposited into the remainder account.

Account 1

Deposit Amount _____

Name of Bank/Credit Union _____

Account Type (check one): _____ Checking _____ Savings

Bank Routing # : _____ : Account # _____

Account 2

Deposit Amount _____

Name of Bank/Credit Union _____

Account Type (check one): _____ Checking _____ Savings

Bank Routing # : _____ : Account # _____

Account 3

Deposit Amount _____

Name of Bank/Credit Union _____

Account Type (check one): _____ Checking _____ Savings

Bank Routing # : _____ : Account # _____

I hereby consent to and authorize Nazareth University of Rochester (hereinafter referred to as NUR) to deposit my net wages into the account in my name, at the bank indicated below and authorize said bank to credit such amounts to my account:

Please sign after reading-

NUR delivers its payroll information electronically. Once your direct deposit information has been processed, you can access this information from your NazNet Account. NUR is authorized to make withdrawals on this account to adjust any over deposit that it has caused to be made. This authorization is to remain in full force and effect for the duration of your employment or until NUR wishes to discontinue the service or until NUR has received written notification from you of its termination in such time and manner as to afford NUR and the Bank a reasonable opportunity to act on it.

Employee Signature _____ Date _____

If depositing in checking accounts, attach your voided checks here.

If depositing in savings account, please confirm bank routing and account numbers with your financial institution.

If depositing into more than three accounts please attach additional forms

THE DIRECT DEPOSIT WILL CONTINUE UNTIL THE PAYROLL OFFICE IS NOTIFIED THAT THE EMPLOYEE WISHES TO CANCEL OR CHANGE THEIR FINANCIAL INSTITUTION OR UNTIL THE END OF THEIR EMPLOYMENT WITH THE COLLEGE. FAILURE TO NOTIFY THE PAYROLL OFFICE OF ANY CHANGES WILL RESULT IN THE DELAY OF THEIR PAYCHECK UNTIL THE NEXT SCHEDULED PAYROLL.