Vanderbilt University Direct Deposit Authorization form

I hereby authorize Vanderbilt University to directly deposit my met pay into the bank account(s) as specified. Vanderbilt is not responsible for any erroneous information provided. I grant my employer the right to correct electronic funds resulting from an overpayment by debiting my account to the extent of the overpayment. The authorization is to remain in force until the university has received written authorization from me of its cancellation or change. Please allow two payroll cycles for your direct deposit to become effective.

Instructions

- Please fill out form completely in blue or black ink- Including a signature and date.
- Use Additional Forms for Multiple accounts
- Attach a voided check or letter from your financial institution- this is a required of all new accounts

PLEASE STAPLE YOUR VOIDED CHECK OR DEPOSIT SLIP IN THE TOP LEFT HAND CORNER



Personal Information - please PRINT								
Name :					Employee Or SS #:			
Phone Number:					Email address:			
If New or Return	ate:							
Pay Frequency		Weekly \Box	Biwee				Monthly	
Primary Deposit Account								
Action:	Add	Change Amount/distribution Cancel						
What type of account is this? (Circle One)				Checking OR Savings				
What type of	Deposit is this ONE)?	,	Percent			OR	Amount	
Name of Bank								
Account#:				Routing #:				
Additional Direct Deposit Account								
Action:	Add Char			Change Am	hange Amount/distribution Cancel			
What type of account is this? (Circle One) Checking OR Savings								
What type of Deposit is this (Select ONE)?			Percer	nt		OR	Amount	
Name of Bank								
Account#:					Routing #:			
**Signature:					· -	Date:		