

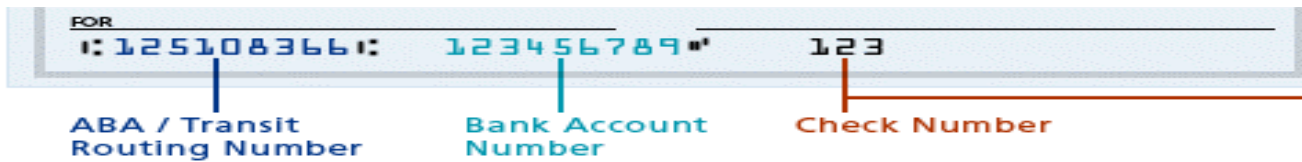
Vanderbilt University Direct Deposit Authorization form

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 Returning employee-estimated start date:			
Pay Frequency	Weekly <input type="checkbox"/>	Biweekly <input type="checkbox"/>	Monthly <input type="checkbox"/>

Primary Deposit Account

Action: <input type="checkbox"/> Add <input type="checkbox"/> Change Amount/distribution <input type="checkbox"/> Cancel		
What type of account is this? (Circle One)		Checking OR Savings
What type of Deposit is this (Select ONE)?		Percent _____ OR Amount _____
Name of Bank		
Account#:		Routing #:

Additional Direct Deposit Account

Action: <input type="checkbox"/> Add <input type="checkbox"/> Change Amount/distribution <input type="checkbox"/> Cancel		
What type of account is this? (Circle One)		Checking OR Savings
What type of Deposit is this (Select ONE)?		Percent _____ OR Amount _____
Name of Bank		
Account#:		Routing #:

**Signature:	Date:
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