

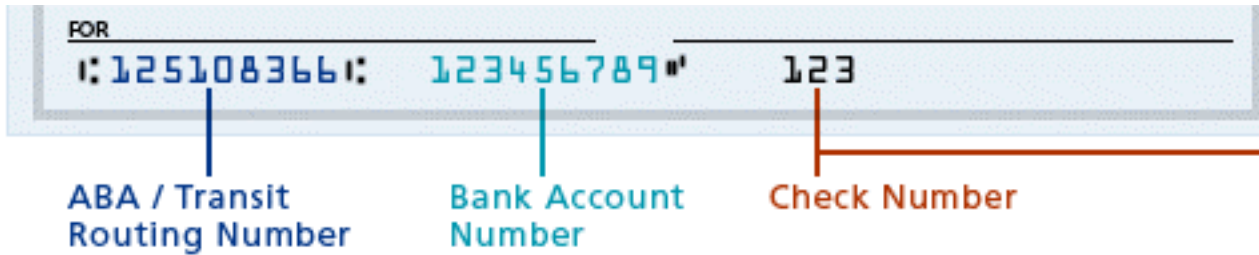
Vanderbilt University Direct Deposit Authorization Form

I hereby authorize Vanderbilt University to directly deposit my net 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
- Attach a voided check or letter from your financial institution- this is a requirement for all new accounts

PLEASE STAPLE YOUR VOIDED CHECK OR DEPOSIT SLIP IN THIS AREA



Personal Information			
Name:	Phone:	Employee Number:	
Current Employee? Y N	Returning Employee? Y N	New Hire? Y N	Estimated Start Date:

Primary Direct Deposit Account		Remaining net pay into this account
Add:	Change amount/distribution:	Cancel:
Name of Bank:		Amount: Percent:
Account #:		Checking: Savings:
Routing #:		

Additional Direct Deposit Account		Remaining net pay into this account
Add:	Change amount/distribution:	Cancel:
Name of Bank:		Amount: Percent:
Account #:		Checking: Savings:
Routing #:		

Signature:	Date:
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