

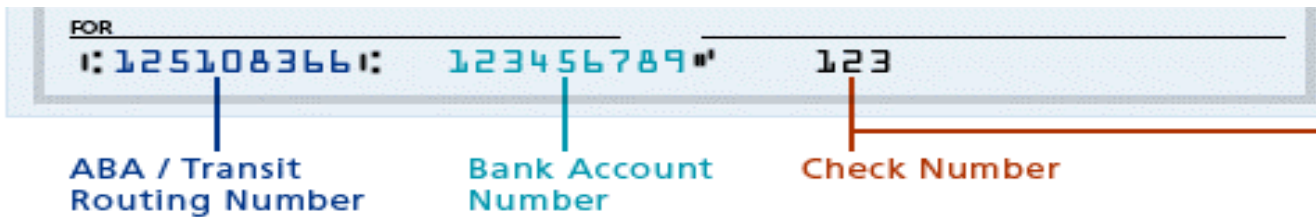
Vanderbilt University Direct Deposit Authorization form

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.**
- 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 THIS AREA



Personal Information

| | |
|--------------|-----------------|
| Name | Employee Number |
| Phone Number | |

Primary 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: |
|-------------------|--------------|