

ALFRED UNIVERSITY
VOLUNTARY PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

I understand that I may receive my wages/salary in the form of a check, or that I may elect to have them deposited in the bank or savings account(s) of my choice. I authorize Alfred University to deposit my net pay to my designated bank account(s):

| Account Type | Name of Financial Institution | Amount or Excess |
|--|--------------------------------------|-------------------------|
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | _____ | _____ |
| | Routing # _____ | Acct# _____ |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | _____ | _____ |
| | Routing # _____ | Acct# _____ |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | _____ | _____ |
| | Routing # _____ | Acct# _____ |

For each checking account, please attach a voided check; for each savings account, please attach a preprinted deposit slip.

I have read the Notice below regarding Direct Deposit and agree to be bound by its terms.

| | |
|--------------------------------|-------------------------------------|
| Employee's Signature | Date |
| Employee's Name – Please Print | Social Security Number or Banner ID |

NOTICE

Important Notice
Please allow up to **two** pay periods for your request to take effect. You will receive a wage statement via your Alfred University email account each pay period; please review this statement carefully each pay period. If you discover an error in your deposit, please notify Payroll immediately.

Changing Institutions or Accounts
You need to complete a new form. Please remember to allow two pay periods for the change to be effective. During this time, you will be paid by **CHECK**.

Closing Your Account
Failure to notify Payroll promptly that you have closed your account means that your bank will probably reject the deposit – and your pay will be delayed.

Canceling Direct Deposit
Please complete the cancellation section of a new form. Payroll must receive your instructions at least two weeks before your next payday.

CANCELLATION OF VOLUNTARY PAYROLL DIRECT DEPOSIT

I hereby cancel my direct deposit authorization at _____.
Name of Financial Institution

| | |
|--------------------------------|-------------|
| Employee's Signature | Date |
| Employee's Name – Please Print | Banner ID # |

Return to Alfred University, Payroll Office, Greene Hall, 1 Saxon Drive, Alfred NY 14802
Phone: 607-871-2962 Fax: 607-871-2318