

Roger Williams University
Direct Deposit Authorization Form

Employee Name: _____

Social Security #: _____

Local Phone #: _____

Work Phone #: _____

I hereby authorize Roger Williams University to:

Please check one:

- ☐ Activate a New Direct Deposit (no currently active direct deposits in the system)
- ☐ Activate another account in addition to existing Direct Deposits (as indicated below)
- ☐ Cancel **all** active Direct Deposits
- ☐ Cancel **one** of my active Direct Deposits (as indicated below)
- ☐ Cancel **all** active Direct Deposits and **replace** with the new Direct deposit account indicated below.

Bank # 1

Bank Name: _____

City/State: _____

Routing Number: _____

Account Number: _____
(9 digits)

Type of Account:

☐ Checking Account

☐ Savings Account

Amount Directly Deposited:

☐ Full Net/Remaining Amount

☐ Flat Amount: \$ _____

Bank # 2

Bank Name: _____

City/State: _____

Routing Number: _____
(9 digits)

Account Number: _____

Type of Account:

☐ Checking Account

☐ Savings Account

Amount Directly Deposited:

☐ Full Net/Remaining Amount

☐ Flat Amount: \$ _____

NOTE: For each account indicated above, please attach ONE OF THE FOLLOWING FOR ACCOUNT VERIFICATION:

- 1) a voided check, 2) Account card issued from the bank with your account number 3) Copy of the top of your bank statement with account number on it 4) Direct Deposit letter from your bank with your account number and routing number on it.**

I authorize Roger Williams University to deposit all or a portion of my net pay to the bank account(s) as indicated above. If funds are credited erroneously to my account(s) to which I am not entitled, I authorize Roger Williams University to debit (reverse) the erroneous deposit made to my account(s).

I understand there may be a waiting period of up to two pay periods to set up and verify the direct deposit. It is my responsibility to verify the date and amounts of my direct deposits debits before writing any checks or accessing funds. I will not hold Roger Williams University responsible for any bank fees charged for insufficient funds.

I understand that I must notify the Payroll Office immediately before I close the account(s) listed above while the direct deposit is active in the Payroll system.

Employee Signature: _____

Date: _____