

UNIVERSITY OF WEST FLORIDA

DIRECT DEPOSIT AUTHORIZATION FORM

Please read and carefully follow instructions. This form will start, change, or stop direct deposit for payroll, travel, and expense reimbursements received from the University of West Florida. Your direct deposit can only be sent to one account at one financial institution.

Name: Please be sure your name on this form matches the name on your Form W-4 on file in the payroll office. Your direct deposit will not start if the name does not match.

Requested Action:

1. Check **Start** if you are signing up for direct deposit. Please allow **3-4 weeks** for your direct deposit to take effect.
2. Check **Change** if you have direct deposit and wish to change your financial institution, your account number, or account type. Your current direct deposit is stopped when a change request is received. **While the change request is being processed, you will be paid by check.**
3. Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received.
4. Check **Name Change Only** if you are changing only your name to correspond to your Form W-4.

Transit Routing Number: This is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your personal check.

Account Number: Please make sure the account number written on this form is correct. If you are not sure, please contact your financial institution.

Completed Direct Deposit Authorization forms can be faxed to Payroll at (850) 474-3053 or mailed to 11000 University Parkway, Attn: Payroll, Bldg 20E, Pensacola, FL 32514. You can also submit the form in person to Payroll located in Bldg 20E. If you have questions please call the Payroll Office at (850) 474-3051.

Please Print

<p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Initial: _____</p> <p>UWF ID: _____</p> <p>Work Phone: _____ Home Phone: _____</p>	<p>Requested Action:</p> <p>(1) Start----- <input type="checkbox"/></p> <p>(2) Change----- <input type="checkbox"/></p> <p>(Select Only One) (3) Stop----- <input type="checkbox"/></p> <p>(4) Name Change Only----- <input type="checkbox"/></p> <p>Account Type:</p> <p>(1) Checking ----- <input type="checkbox"/></p> <p>(Select Only One) (2) Savings ----- <input type="checkbox"/></p>
Transit Routing Number of Your Financial Institution	Your Account Number

Attach a **VOIDED CHECK (Not a Deposit Slip)** in this area for verification purposes.

NOTE: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to UWF and cause a seven (7) to ten (10) day delay before you receive your payment.

Please allow 3-4 weeks for your direct deposit to take effect. Until your direct deposit takes affect, you will be paid by check. Checks are available on payday in Bldg 20E.

Name of Your Financial Institution	Phone Number of Your Financial Institution
---	---

Signature: _____	Date: _____
-------------------------	--------------------

THIS FORM MUST BE SIGNED AND DATED.

Agreement: My signature above authorizes and requests the University of West Florida (UWF) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to UWF to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) UWF. It will purge approximately six (6) months after my last wage payment.