



## Direct Deposit Authorization Form For Payroll and Accounts Payable Reimbursements

Employee Name: \_\_\_\_\_ WIN \_\_\_\_\_  
(Must be supplied)

### Authorization Agreement

I hereby authorize Wilkes University to deposit my net accounts payable reimbursements, net pay and/or fixed amount(s) each payday directly to my account(s) at the financial institution(s) named below. I agree to notify Wilkes University immediately of any changes to the information so that my accounts payable reimbursements and/or pay may be properly distributed. I understand that in event Wilkes University notifies my financial institution(s) that I am not entitled to the funds deposited to my account(s) my financial institution(s) is/are authorized to debit my account(s) for the amount of the adjustment. I agree not to hold Wilkes University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account. Accounts Payable checks cannot be split between accounts and will be deposited to the primary deposit account only.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Wilkes University immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving Payroll Department or Accounts Payable at least two weeks prior notice.

**For direct deposit to a checking account, please attach a VOIDED CHECK and return this form to the Payroll Department. Validated documentation from Financial Institution MUST BE supplied if voided check cannot be supplied.-Do not submit this form until you have validated bank information.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information

Net / Remaining     Fixed Amount     Checking     Savings  
 New     Change  
 Cancel

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing Number (9 digits)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Fixed Amount

Net / Remaining     Fixed Amount     Checking     Savings  
 New     Change  
 Cancel

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing Number (9 digits)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Fixed Amount