

SALVE REGINA UNIVERSITY

EMPLOYEE AUTHORIZATION FOR NEW DIRECT DEPOSIT

Instructions

1. Fill in name of bank.
2. Check off type of account
3. Fill in transit number found on bottom left corner of check (between colons)
4. Fill in account number found to the right of transit number
5. Check off if depositing full amount of check or flat sum of check
6. Fill in employee name, department (if known)
7. Date and sign form

I hereby authorize and request Salve Regina University to make payment to any amounts owing to me by direct deposit to the bank authorized below.

I also authorize Salve Regina University to debit my account for the purpose of correcting an erroneous payroll credit entry initiated by the University, provided I am notified of such corrections and the reason thereof.

Name of Bank _____

Type of Account: _____ Checking _____ Savings

Transit # _____ Account # _____

Check One:

_____ Deposit Full Pay

_____ Deposit a flat sum of \$ _____ per payroll

It is understood that I may terminate this agreement at any time by written notification to the University. Any such notification to the University shall be effective only with respect to entries initiated by the University after receipt of such notification and a reasonable opportunity to act on it.

Employee Name: _____ Department: _____
(please print)

Date: _____ Signature _____