



EMPLOYEE SERVICES

Payroll Direct Deposit Authorization Form

COMPLETE IN INK - DO NOT FAX OR EMAIL

Employee ID (Preferred) or Soc. Sec. # \_\_\_\_\_ Employee Name (Last Name, First Name) \_\_\_\_\_ (Please Type or Print)

Home Department / Campus \_\_\_\_\_ Contact Phone (Campus # Preferred) \_\_\_\_\_ ( ) - \_\_\_\_\_

Pay Frequency (Required)
 Bi-Weekly  Monthly

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a warrant (check) being issued (for new employee) or deposit to an already established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.
Employee may select up to three separate accounts. You will receive a detailed Advice of Deposit.
Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:
• Checking Account: Attach a voided check.
• Savings Account: Attach documentation from financial institution.
• Money Market Account: This is a type of checking account. Attach documentation from financial institution to provide correct routing and account numbers.
The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings I : .l. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. This form overrides (replaces) all prior designations.

Account #1
Account Type:
 Checking (Attach voided check)
 Savings (Attach financial institution documentation)
 Money Market (Attach financial institution documentation)
Bank Name: \_\_\_\_\_
Bank Address: \_\_\_\_\_
Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_
Requested amount for this account: (select one)
 % Net Pay: \_\_\_\_\_
 Specific \$ Amount: \$ \_\_\_\_\_
 Entire Balance

Account #2
Account Type:
 Checking (Attach voided check)
 Savings (Attach financial institution documentation)
 Money Market (Attach financial institution documentation)
Bank Name: \_\_\_\_\_
Bank Address: \_\_\_\_\_
Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_
Requested amount for this account: (select one)
 % Net Pay: \_\_\_\_\_
 Specific \$ Amount: \$ \_\_\_\_\_
 Remaining Balance

Account #3
Account Type:
 Checking (Attach voided check)
 Savings (Attach financial institution documentation)
 Money Market (Attach financial institution documentation)
Bank Name: \_\_\_\_\_
Bank Address: \_\_\_\_\_
Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_
 Remaining Balance

Authorization Agreement: I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(if other than employee)

Mail ORIGINAL FORM to CU Employee Services, 1800 Grant Street, Suite 400, Denver, CO 80203
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