Direct Deposit Form



Send Completed form to Payroll

- Please check one of the boxes below:

Start Direct Deposit 🗌 Change Bank* 🗌 Change Acct. #* 🗌 Stop Direct Deposit* 🗌

** CANCELLATION OR CHANGE OF DIRECT DEPOSIT MUST BE DONE BEFORE CLOSING OF BANK ACCOUNT. **

Account Information	
Bank Name:	_ 🗆 Checking OR 🗆 Savings
Account #:	
Routing #:	OR _ □ 100% of net pay
Account Information	
Bank Name:	\square Checking OR \square Savings
Account #:	
Routing #:	OR □ Remaining balance from 1 st account
information. Your Electronic Funds Transfer (EFT) cannot be setup without this information. TAPE VOIDED CHECK &/or printed form from Financial Institution	
I hereby authorize Heritage University to automatically deposit my net pay to my account(s) as indicated above on each regular payday. If funds, to which I am not entitled to, are deposited, I authorize my bank to honor my employer's instructions to refund any amount it has deposited into my account. This authorization will remain in effect until I have cancelled it in writing. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of my EFT may be delayed or that my payments may be erroneously transferred electronically. I hereby hold Heritage University and employees, harmless for any errors that might occur in the process of Electronic Funds Transfers. At no time will the University be liable for any costs or damages which might occur as a result of this Agreement.	
Employee Signature:	
	Phone #:
To Be Completed by the Payroll Department Only	<u>v:</u>
Verified by: Payroll Signature	Date