



# Payroll Direct Deposit Authorization Form

Name  University ID #

Employee ID  (found on your paystub) Phone or email

Please Check One:  Bi-Weekly Staff/Student  Semi-Monthly Staff/Faculty

To set up a new direct deposit account, attach a voided check below. If you are setting up more than one deposit account, make sure to attach a voided check for each account. **All changes and new accounts will not be in effect until the second pay period following the processing of this form.**

Robert Smith 123 Fascination Street Rochester, NY 14609	456
	Date _____
Pay to _____ the order of _____	\$ <input style="width: 100px;" type="text"/> Dollars
VOID	
BANK NAME _____	
1 2 3 4 5 6 7 8 9    Transit/Routing Number	1 3 4 5 6 7 8 9 " Account Number
	0 4 5 6 Check Number

New Account  Change Account  Cancel Account\*

Bank Name

Transit/Routing Number  Account Number

Percent of Net Check  % **Or** dollar amount \$  **Or** remaining pay

Account type:

Checking or  
 Savings

New Account  Change Account  Cancel Account\*

Bank Name

Transit/Routing Number  Account Number

Percent of Net Check  % **Or** dollar amount \$  **Or** remaining pay

Account type:

Checking or  
 Savings

*\*An account should not be closed at your bank until you are certain your paycheck is no longer being deposited into it.*

Please read carefully:

I hereby authorize the Rochester Institute of Technology to make the deposits/changes as indicated above. RIT is also authorized to draw drafts to adjust any OVER-deposits(s) which is made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by RIT.

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

Return this completed form to the Payroll Office, George Eastman Hall, Room 1160