

REQUEST FOR DIRECT DEPOSIT

I authorize the University of Hartford to automatically deposit funds owed to me to my Checking and/or Savings account.

TYPE OF ENROLLMENT: NEW CHANGE CANCEL

Employee Name _____

University ID # _____

(PLEASE PRINT)

ACCOUNT # 1 INFORMATION

Account Type: Checking Savings

ACCOUNT # 2 INFORMATION

Account Type: Checking Savings

Bank Name: _____

Bank Name: _____

Routing # _____ Account # _____

Routing # _____ Account # _____

Amount of Deposit Requested: _____ (Enter NET for Entire Check)

Amount of Deposit Requested: _____ (Enter NET for Entire Check)

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize the University of Hartford to automatically deposit any funds owed to me to my account(s) at the Depository Financial Institute(s) named above. I understand that this agreement may be terminated by me or by the company at any time by written notification. Any such notification requires a reasonable time to act on it. I authorize the company to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account.

In case of the nonacceptance of a direct deposit by a designated financial institution, I understand that the University assumes no responsibility for processing a supplemental payment until the amount of the nonaccepted deposit is returned to the University by the financial institution.

Account verification requirements: Checking accounts require a void or cancelled check. Savings accounts require bank verification of routing number and savings account number.

Signature _____ Date _____

e-mail: _____ Phone: _____
