



# Brandeis University

## Direct Deposit Form

**Use this form to establish or change a direct deposit allocation.**

Check One Please

Establish New

Change Existing

Name: \_\_\_\_\_ first \_\_\_\_\_ middle initial \_\_\_\_\_ last \_\_\_\_\_ Pay Frequency \_\_\_\_\_

SSN: \_\_\_\_\_ Work Extension: \_\_\_\_\_  Weekly  Semi-Monthly

### Home Address

Country: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**You can choose up to three accounts. Your last item must be for the balance amount owed you, unless you want a live check. For checking accounts, attach a blank voided check. Your bank will provide you with the routing/transit number for a savings account. Your first direct-deposit or change to an existing direct-deposit may take 1 to 2 pay periods to go into effect. This is called a pre-note procedure with the bank. You will receive a live check during the pre-note period.**

Account Type

1.   Checking  Savings

Routing/Transit Number: \_\_\_\_\_ [the nine-digit number that identifies the bank]

Account number: \_\_\_\_\_

I wish to deposit: \_\_\_\_\_ % or \$ \_\_\_\_\_

Account Type

2.   Checking  Savings

Routing/Transit Number: \_\_\_\_\_ [the nine-digit number that identifies the bank]

Account number: \_\_\_\_\_

I wish to deposit: \_\_\_\_\_ % or \$ \_\_\_\_\_ or  the balance of my check

Account Type

3.   Checking  Savings

Routing/Transit Number: \_\_\_\_\_ [the nine-digit number that identifies the bank]

Account number: \_\_\_\_\_

I wish to deposit: \_\_\_\_\_ % or \$ \_\_\_\_\_ or  the balance of my check

4. If blocks 1 through 3 do not equal 100%, check here to receive a live check for the balance:

I hereby authorize my employer (hereinafter "Brandeis") to deposit or correct any amounts due me by initiating credit entries and/or corrections to prior deposits (previous credits) to my accounts at financial institutions (herinafter "Bank") indicated on this form. I also authorize Brandeis University to deduct any overpayment made to me in my next paycheck. The Payroll office will notify me of any errors that resulted in an overpayment in advance of the pay cycle.

The authorization will take effect the next scheduled pay period after receipt in the Payroll Office. It will remain in full force and effect until Brandeis and Bank have received written notice from me of its termination in such time and in such manner as to afford Brandeis and Bank reasonable opportunity to act on it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Payroll Office, mailstop 110, Bernstein-Marcus Building**