

Payroll Authorization for Direct Deposit

Name:	UIN:	Date:	
Address:	City:	State:	Zip:
Phone:	E-mail:		

Financial Institution Name:	
Depository Routing Number:	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$ Net/All <input type="checkbox"/>

Financial Institution Name:	
Depository Routing Number:	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

Financial Institution Name:	
Depository Routing Number:	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

REQUIRED Supporting Documentation

It is required to include one of the following for the above accounts for direct deposit to be initiated: a snip/screenshot from the financial institution's website/mobile app, a voided check, or a letter from the financial institution/bank that verifies the routing and account number.

Authorization

By signing below, authorization is given to the Research Foundation to directly deposit my pay in the bank account(s) listed above in the amounts specified. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. I hereby grant the Research Foundation the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

If incorrect information is provided, resulting in deposits to the wrong account, recovery of funds to the Research Foundation is required before any corrective actions will be taken. This may take up to 10 business days or longer to resolve. If the funds are not recouped, the reissuance/replacement of payroll funds will not be permitted.

Employee Signature:	Date:
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