Direct Deposit Authorization Form

Employee Name

University of Hartford ID #

E-mail Address

Phone #

____________@ hartford.edu

Please complete the Authorization Form in its entirety.

1. To direct wages into a checking account, you can include a blank voided check from your financial institution, a printed copy of online banking account detail with the ACH routing number and account number, or a validation letter from your financial institution indicating the ACH routing number and account number.

2. To direct wages into a savings account, you can include a statement from your financial institution, or a printed copy of online banking account detail with the ACH routing number and account number, or a validation letter from your financial institution indicating the ACH routing number and account number.

Note: A deposit form with the ACH routing number and account number can be accepted as proof of account information.

FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

1. Financial Institution/Bank

Type of Account (circle one)

Checking OR Savings

Circle one:

New Account Change Cancel

ACH Routing Number

Account Number

Dollar Amount of Deposit Requested:

___________ or enter NET for balance of entire check

2. Financial Institution/Bank

Type of Account (circle one)

Checking OR Savings

Circle one:

New Account Change Cancel

ACH Routing Number

Account Number

Dollar Amount of Deposit Requested:

___________ or enter NET for balance of entire check

Return this form and proof of account(s) to the Office of Human Resources Development, located in the Financial & Administrative Services Building (FASB). Failure to provide proof of account will delay the processing of your direct deposit.

AUTHORIZATION AGREEMENT

I authorize the University of Hartford to initiate direct deposit(s) in the account(s) at the financial institution(s) listed above. If the financial institution is not able to deposit the electronic transfer into my account, I understand that the University assumes no responsibility for processing a supplemental payment until the non-accepted deposit is returned to the University.

Employee Signature: ___________________________ Date: __________________

HRD USE ONLY

Account information verified by HR Rep (initials): ________ Date: ________

Detail input into GXADIRD by HR Rep (initials): ________ Date: ________

GXADIRD audited by HR Rep (initials): ________ Date: ________

Revised 9/2017