

Please complete this Authorization Form in its entirety and return to HRD along with Proof of Account.  
 Failure to complete both of these items will delay your direct deposit.

Employee Name	Department/School
University of Hartford ID#	University of Hartford Email address _____@hartford.edu

**Proof of Account can include the following:**

- **Voided check from your personal checking and/or savings account**
- **A screenshot from your mobile banking app showing your FULL routing and FULL account number**
- **Bank produced form or correspondence listing the FULL routing and FULL account number**

**PRIMARY FINANCIAL INSTITUTION AND ACCOUNT INFORMATION**

Financial Institution/Bank	Type of Bank Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Requested Action (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> Cancel
ACH Routing Number	Bank Account Number	Amount of Deposit Requested: <b>Balance of entire check</b>

**ADDITIONAL FINANCIAL INSTITUTION AND ACCOUNT INFORMATION**

*You may split your direct deposit between multiple accounts and financial institutions by including a second set of direct deposit information. Please indicate a **total dollar amount for the additional account** – we cannot accept percentages. Primary Account (above) will reflect the balance of the check.*

Financial Institution/Bank	Type of Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Requested Action (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Additional <input type="checkbox"/> Change <input type="checkbox"/> Cancel
ACH Routing Number	Bank Account Number	Dollar Amount of Deposit Requested: \$

**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. I understand that consistent with University policy, all wages due to me will be paid via direct deposit.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HRD USE ONLY**

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GXADIRD:	AUDIT:
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