



# Direct Deposit Enrollment Authorization

#1 Harpst Street, Arcata, CA 95521 ~ 707.826.4878 ~ 707.826.4412 (fax)

- Select one:
- New
  - Change
  - Cancel

This authorization remains in full force and effect until the University Center receives written notification from the employee of its termination, or until the University Center deems it necessary to terminate the agreement.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Type of Account:  Checking  Savings (Will be processed as checking if not chosen.)

**Provide one of the following pieces of information:**

1. Voided Check (attach)
2. Account information/verification from your bank institution (attach)
3. Account info: *(Direct deposit will not be set up if this information is incorrect.)*

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Routing Number									
Account Number									

I hereby authorize the University Center (UC) to provide direct deposit of wages due me, less any mandatory or authorized withholding or deductions there from, into the above designated account.

If at any time the amount of wages so deposited exceeds the amount of wages actually due and payable to me, I hereby authorize the UC to either:

- (a) Withhold a sum equal to the overpayment from future wages; or
- (b) Recover such overpayment from the above-designated account.

If the UC is legally obligated to withhold any part of my wage for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand that the UC may terminate my enrollment in this program. If any action taken by me results in non-acceptance of a direct deposited funds by the designated financial institution, I understand that the UC assumes no responsibility for processing a supplemental wage payment until the amount of the non-acceptance deposit is returned to the UC by the financial institution.

I understand that it is my responsibility to notify the UC of any changes made that affects my direct deposit. I further understand that it is my responsibility to make sure that my deposit has posted to my account prior to processing transactions against my deposit.

\_\_\_\_\_

Employee Signature Date

**Direct Deposit Cancellation:**

Please cancel my direct deposit authorization: \_\_\_\_\_

Employee Signature Date

**DELIVER COMPLETED FORM TO THE  
UNIVERSITY CENTER BUSINESS OFFICE  
UC Bldg. 45, Rm 327**

*Business Office Use Only*

Pre-Note: \_\_\_\_\_

Initials Date

IFAS: \_\_\_\_\_

Initials Date