XAVIER UNIVERSITY

DIRECT DEPOSIT ELECTION FORM

A. PERSONAL INFORMATION

Name _____ Local Phone _____

SS# _____ Work Phone _____

❑ Admin/Professional
❑ Faculty
❑ Support Staff
❑ Student

I authorize Xavier University to (check one):

❑ **START** direct deposit of my paycheck as indicated below.
❑ **CHANGE** direct deposit of my paycheck as indicated below.
❑ **CANCEL** direct deposit of my paycheck.

Processing of new elections or changes will require two payroll periods.

B. DIRECT DEPOSIT ELECTIONS

You may elect direct deposit to one or two accounts.

ACCOUNT 1

Name of Institution _____

Type: ❑ Checking
You must attach a voided check below.
❑ Savings
You must contact your bank for its ABA number and write it here _____

Amount: ❑ 100%
❑ Specific dollar amount $_____
❑ Other _____

ACCOUNT 2

Name of Institution _____

Type: ❑ Checking
You must attach a voided check below.
❑ Savings
You must contact your bank for its ABA number and write it here _____

Amount: ❑ Remainder of net check
❑ Specific dollar amount $_____
❑ Other _____

C. AUTHORIZATION

I hereby authorize Xavier University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) I have indicated above. This authority is to remain in full force and effect until Xavier University has received written notification from me of its termination in such time and in such manner as to afford Xavier University a reasonable opportunity to act on it.

_____ _____

Signature Date

CHECKING: ***Attach voided check here.***

SAVINGS: ***Attach pre-printed deposit slip here.***

Elections submitted without a check/deposit slip will not be processed.

Return to Payroll Department (ML 4531)

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