Please leave this area blank		PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS All boxes must be completed; fill-in all information.
New employees: Submit this form to the hiring department.         Current employees: Send the form directly to University Payroll and Tax Services or use My Self Service on myUFL.         UNIVERSITY OF FLORIDA         DIRECT DEPOSIT AUTHORIZATION         FORM FOR ONE BANK ACCOUNT         PLEASE TYPE OR PRINT CLEARLY         This form will not be processed without your UF ID         UF ID#         Last Name       First Name         Local Mailing Address (Number, Street, Apt #)		<ul> <li>This form will start, <u>change</u>, or <u>stop</u> direct deposit for wage payments received by you from the University of Florida. If you want to send your direct deposit to more than one account, please use the "Direct Deposit Authorization Form For Multiple Accounts"</li> <li>Select the Direct Deposit Action Requested:</li> <li>Check <u>Start</u> if you do not have direct deposit established. It is necessary to provide a voided check with your name printed on it. In lieu of a check, you may offer a bank issued direct deposit forms cannot be completed and signed by the employee. Do not submit a deposit for the financial institution, the account number, or the routing numbers.</li> <li>If making a <u>Change</u> to your direct deposit for the financial institution, the account number, or the routing number, there are 2 options.</li> <li>1. Preferred Option (no forms needed): Employee changes the direct deposit in My Self Service &gt; Payroll and Compensation &gt; Direct Deposit.</li> <li>2. Check Change on this completed form and provide a voided check, bank form, or bank letter as stated</li> </ul>
City		above. You do not need to submit a new form when changing
State Zip Code		departments/positions within the University.
Telephone Direct Deposit Action Requested (Check only one)	Email Address       (1)     □       Start       (2)     □       Change	AGREEMENT I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. Direct deposit data remains active in University Payroll and Tax Services until one year after separation of employment or until changed by:
Account Type (Check only one) Your Account Number		<ul> <li>(a) me in writing by submitting this form requesting a change;</li> <li>(b) me by submitting a change in My Self Service in myUFL;</li> <li>(c) my death or legal incapacity;</li> <li>(d) the financial institution or;</li> <li>(e) the University of Florida.</li> </ul>
Transit Routing Number of Your Financial Institution		I understand that I am required to stop or change my direct deposit information with the University of Florida before I close my bank account.
Name of Your Financial Institution		<b>Special Note:</b> If you need assistance or have questions about your direct deposit, please call University Payroll and Tax Services at (352) 392-1231.
Telephone Number of Your Financial Institution		A voided personal check that includes your imprinted name or form/letter from your financial institution that includes the account holder's name, account number, and routing number must be attached here for account verification.
Employee's Signature Date		**Do <u>not</u> attach a deposit slip. Forms with deposit slips attached will be rejected since the banking codes are not valid for direct deposit.
THIS FORM MUST BE SIGNED AND DATED BY PAYEE Signature above signifies acceptance of the terms and conditions in the AGREEMENT to the right.		New Hires:Changes:Include form and voided imprinted check with payroll packet. Send hiring department.Fax to: (352) 846-0166 If you fax your form, retain the original; do not also mail the original to Payroll and Tax Services.