

The University of North Carolina at Greensboro  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**  
**NEW ENROLLMENT, CANCELLATIONS**

*(Please make changes through UNCGenie, Employee, Direct Deposit Maintenance)*

**DIRECT DEPOSIT IS REQUIRED FOR ALL EMPLOYEES' PAYROLL and ACCOUNTS PAYABLE REIMBURSEMENT ACTIVITY**

Univ. ID # (Preferred), or Social Security #

Employee First Name, MI, Last Name (Type or Print)

Work/Day E-Mail Address

AUTHORIZATION – Please complete the information below and attach a “Voided Check”. If a voided check is not available or if this is for a savings account, please attach a letter from the bank with bank routing and account information. Forward this completed form and attachments to: UNC Payroll Office, Direct Deposit Administrator, 270 Mossman Bldg, PO Box 26170, Greensboro, NC 27402-6170. *This completed form must be received in the Payroll Office no less than 20 days prior to your next pay date for the direct deposit to be effective the next pay.*

- Original Sign-up** - Check this box to begin payroll electronic deposit.
- Cancellation** – If my bank account is closed, for any reason, I will **IMMEDIATELY** notify the Payroll Department. If a deposit has been made by the University to a closed account, no correcting payment can be made until the bank has returned the funds to the University. I understand that I must establish a new bank account for my direct deposit to remain employed.

Employee and Accounts Payable Agreement: Direct deposit enrollment is required for all employees. I understand that my enrollment authorizes The University of North Carolina at Greensboro to initiate credit entries for my net payroll and accounts payable reimbursement activity into the bank account identified, and I authorize the participating Financial Institution to credit my account. (This authorization is unrelated to student refunds and net financial aid disbursements administered through TouchNet.)

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire payment amount is not subject to being transferred to a foreign bank account.

If the University deposits funds into my account which I am not entitled to receive, I authorize the University of North Carolina at Greensboro to direct the bank to return the funds deposited. I understand that it is my responsibility to verify deposits on a per pay period basis prior to writing checks, authorizing funds, or withdrawing funds and the University is not responsible for bank errors or bank fees.

The University of North Carolina will transmit my payment electronically based on the information I have provided. If the transmission fails because I have given incorrect or outdated information, the University can only provide a payment AFTER the University has received a refund from the financial institution (usually within 5 – 10 working days).

This authorization is to remain in effect until one of the following events occurs: (1) the University has received written notification from me of its termination in such manner as to afford the University a reasonable opportunity to act, (2) the bank closes my bank account, or (3) the University cancels the agreement. *I understand that if I have extended activity with the University (for example, if I have not received direct deposit payment from University payroll or accounts payable within 365 days) my direct deposit agreement will be cancelled. Thereafter, for payroll and accounts payable activity, I will complete a new direct deposit agreement.*

\_\_\_\_\_  
Name of Financial Institution

**ACCOUNT TYPE (Select only One)**    **Checking\***     **Savings\***

\*Deposit Tickets are not acceptable. If a voided check is not available or the deposit is to a Savings Account, contact the Financial Institution and ask for a letter indicating the Financial Institution’s Transit Routing Number and the Account Number. (Attach the letter to this form.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number

**PAYROLL DEPARTMENT USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
Entered By