

Authorization Agreement for Automated Deposits

New Authorization Change of Account Amount Change Only Temporarily Cancel Direct Deposit

Name _____
(Please Print)

Bear No. _____

(Check One) Student/TA/GA Classified University Aide/Technical Professional Faculty/Exempt

UNC Department (if employee) _____ Daytime Phone No. _____

I hereby authorize the University of Northern Colorado to make payment of any payroll amounts owed to me by initiating credit entries to the account listed below. I understand and agree that if an erroneous credit is made to my account that the University and financial institution are authorized to stop payment, reverse the entry, or make any adjustments necessary to my account to correct the erroneous entry. I understand that this authorization will remain in effect until I have cancelled it in writing.

If UNC is not notified two weeks prior to payday to prevent the direct deposit from occurring and funds are directed into a closed account, the direct deposit will reject at the financial institution. I understand that funds will not be available to me until the original funds are returned by the financial institution and a check can be prepared. I understand that I am responsible for checking the availability of funds in my account and that the University is not liable for check charges incurred before funds are verified.

If applicable, I hereby authorize net proceeds for financial aid disbursements and refunds to automatically be deposited to the primary account listed below.

Signature _____

Date _____

Primary Account: Savings Checking

(Full amount of deposit if only primary account exists, and remaining balance of deposit if secondary account exists)

Tape a **VOIDED CHECK** for the direct deposit account requested. Deposit slips are only allowed for savings accounts and **temporary checks are not allowed** per requirement of our auditors. All new account numbers will be verified to detect any problems with your bank transit number. (Be sure the bank name and address is printed on the face of the check.)

Secondary Account: (if applicable) specify an amount (\$) or percent (%) _____ Amount /Percent Savings Checking

Tape a **VOIDED CHECK** for the direct deposit account requested. Deposit slips are only allowed for savings accounts and **temporary checks are not allowed** per requirement of our auditors. All new account numbers will be verified to detect any problems with your bank transit number. (Be sure the bank name and address is printed on the face of the check.)

Turn in this form to the Payroll Office, Carter 2005, 501 20th Street, Campus Box 5, Greeley, CO 80639