



**EMPLOYEE PAYROLL
DIRECT DEPOSIT AUTHORIZATION
RETURN TO: Payroll, Office of Finance,
Alfred B. Rollins Hall, Norfolk, VA 23529-0045**

1. ENTER EMPLOYEE INFORMATION (Please type or print clearly)		
SOCIAL SECURITY NUMBER	NAME (LAST,FIRST,MIDDLE)	TELEPHONE NUMBER
		Home: () Work: ()
2. ENTER BANKING INFORMATION (Please complete fully)		
BANK NAME	BRANCH ADDRESS	
CITY	STATE	ZIPCODE
ACTION (Check one)	TYPE OF ACCOUNT (Check one)	
<input type="checkbox"/> ESTABLISH <input type="checkbox"/> DISCONTINUE <input type="checkbox"/> CHANGE <input type="checkbox"/> OPT-OUT	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> NET PAY <input type="checkbox"/> NET PAY <input type="checkbox"/> FIXED AMT \$ <input type="checkbox"/> FIXED AMT \$	

PLEASE READ CAREFULLY

- ▶ As a first-time employee, I understand that I must be enrolled in the direct deposit program unless I formally decline participation in the program by written notification. If I choose to OPT-OUT, I will indicate this decision by specifying "OPT-OUT" under ACTION on this form.
- ▶ I understand that my employer will deposit any fixed amount noted and my net pay amount each fixed payday directly to my account at the financial institution specified.
- ▶ I agree to notify my employer immediately of any changes to my bank account(s) so that my pay may be properly distributed.
- ▶ I understand it normally takes 1 pay cycle before my pay will begin direct depositing to my account.
- ▶ I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited, my bank is authorized to debit my account for the amount of the adjustment.
- ▶ *NOTE: You are not legally required to furnish the above information, but this information is required if you wish to participate in the Direct Deposit Program. If you do not wish to provide this information, you must OPT-OUT in writing in the ACTION section of this form.*

3. EMPLOYEE'S SIGNATURE _____ DATE:

A voided blank check provides ODU with the correct bank routing account number.
Please attach a voided blank check in this space. The check must be pre-printed with the bank's imprinted account number.
⇒ ATTACH HERE ⇐

FOR OFFICE USE ONLY					
ABA# <small>Bank Routing #</small>	Bank Account #	Account Type <small>Checking (C), Savings (S)</small>	Processed by/date	Audited by/date	Direct Deposit Effective Date