DIRECT DEPOSIT NOTICE

Full time, hourly and student employees are allowed to directly deposit their pay checks into their personal bank accounts. Pay checks can be allocated on a direct deposit basis to a maximum of three accounts of which there can be a maximum of two checking accounts or a maximum of two savings accounts, with any bank or financial institution as long as they are members of the Automated Clearing House. The Entire Net Pay box must be checked off for one of the accounts involved if deposit is divided in two accounts or more.

Page 2 is the DIRECT DEPOSIT AUTHORIZATION FORM. It’s recommended that you contact your financial institution, before you complete the form, to verify the following information: the routing number, the account number, and the account classification, (whether it’s considered checking or savings for the purpose of electronic transfers). PLEASE ATTACH EITHER A VOIDED CHECK, DEPOSIT SLIP, BANK STATEMENT OR BANK LETTER AS DOCUMENTATION OF YOUR ACCOUNT. DOCUMENTATION MUST HAVE THE IMPRINT OF YOUR NAME AND ACCOUNT NUMBER FOR EVERY ACCOUNT LISTED.

Please return the completed form, along with account verification, directly to Payroll in Levermore Hall, Room 201. Implementation of new requests and subsequent changes will take two pay periods, approximately 30 days. A “paper” check will be issued during the waiting period. Instructions with required Passcode to register on https://ipay.adp.com website for your electronic pay stubs are available in Human Resources and Payroll departments.

We wish to alert you that although funds are withdrawn from the University’s bank account on the pay date, some banks do not post to the employees’ individual accounts on the pay date. The University has no control over these circumstances. Any concerns should be addressed directly to the individual financial institutions. Additionally, any changes to or cancellation of direct deposit must be received in Payroll at least ten business days before pay day.

The Payroll department can be reached directly at extension #3189 or in Levermore Hall, Room 201 if you have any questions with regards to this service.

Jul-16
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ADELPHI UNIVERSITY DIRECT DEPOSIT AUTHORIZATION FORM

Date: ____________________________ NEW __________ CHANGE __________ ADD __________

Employee Name: ____________________________________________ ID #: ____________________

Department Name: __________________________ Day Phone Number/ Extension Number: __________________

I hereby authorize my employer, ADELPHI UNIVERSITY, and the financial institution(s) listed below to directly deposit my net pay in my account(s) automatically each payday. This authorization is to remain in effect until my employer terminates this service or until my employer receives written notification from me to terminate direct deposit of my pay, with enough advance notice that would facilitate the Payroll department to cancel my authorization in a timely manner.

Employee Signature ________________________________________

I.

Bank Name________________________________________________

Branch Address___________________________________________

Branch Phone #:__________________________________________

Account Classification (Check one): Checking box Savings box ATTACH BANK INFORMATION

ABA/ Routing Number___________________________Account Number: __________________

(Check 1 Box): Entire Net Pay: _______ Partial Amount: $_______

II.

Bank Name________________________________________________

Branch Address___________________________________________

Branch Phone #:__________________________________________

Account Classification (Check one): Checking box Savings box ATTACH BANK INFORMATION

ABA/ Routing Number___________________________Account Number: __________________

(Check 1 Box): Entire Net Pay: _______ Partial Amount: $_______

III.

Bank Name________________________________________________

Branch Address___________________________________________

Branch Phone #:__________________________________________

Account Classification (Check one): Checking box Savings box ATTACH BANK INFORMATION

ABA/ Routing Number___________________________Account Number: __________________

(Check 1 Box): Entire Net Pay: _______ Partial Amount: $_______