

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR PAYROLL-RELATED DIRECT DEPOSIT CREDITS AND DEBITS

I hereby authorize The University of Detroit Mercy (UDM) to initiate credit entries, and if necessary, to initiate any debit entries and or adjustments for any entries made in error to any account(s) listed below. I also certify that I am named on each of these accounts and able to authorize such credit or debit entries. Should I neglect to specify an authorized amount below, I hereby authorize 100% as the amount. By signing or submitting this Authorization Agreement I understand, agree and certify that all of the banks or credit unions listed below are United States financial institutions and none of the direct deposit(s) made to those banks or credit unions will be electronically transferred in their entirety to a foreign financial institution in "back-to-back", "automatic sweep" or similar transactions.

**Instructions:** Attach a voided check or bank statement which includes your name and address pre-printed on it (no starter checks) or a letter from your bank confirming your name, address, account number and ABA routing number. If no documentation is attached, it will take two pay periods before your direct deposit is activated. Whether allocating dollars or percentages, one account needs to be at 100% to capture all residual monies and that account needs to be the highest priority number. **Example:** Priority 1= \$50.00 to savings; Priority 2= 100% to checking or Priority 1=20% to savings; Priority 2=100% to checking. For more than two accounts, complete additional Authorization Agreements.

1

<b>Name of Financial Institution:</b>	<b>Bank Routing No.:</b>	<b>Account No.:</b>
<b>Type Of Account:</b>	<b>Authorized Amount:</b>	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____ <input type="checkbox"/> Dollars or <input type="checkbox"/> Percent <b>(check one)</b>	

2

<b>Name of Financial Institution:</b>	<b>Bank Routing No.:</b>	<b>Account No.:</b>
<b>Type Of Account:</b>	<b>Authorized Amount:</b>	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____ <input type="checkbox"/> Dollars or <input type="checkbox"/> Percent <b>(check one)</b>	

**ATTACH VOIDED CHECK(S) HERE**

The expressed authority herein is to remain in full force until the University of Detroit Mercy has received written notification from me of its termination in such timely a manner as to afford the University of Detroit Mercy and or my financial institution a reasonable opportunity to act on it. I understand and agree that UDM reserves the right to terminate this Authorization Agreement immediately, and without prior notice to me, at its sole discretion, for any business reason deemed legitimate by the Human Resources and Payroll Department.

<b>T-Number or Last Four Digits of SSN</b>	<b>Date</b>
<b>Employee Name (Print)</b>	<b>Employee Signature</b>

**Student Employees – if not electing direct deposit, please indicate your check pick up location below:  
(All others will default to their department or general building/campus location.)**

\_\_\_\_\_ Architecture      \_\_\_\_\_ Briggs      \_\_\_\_\_ Calihan Hall      \_\_\_\_\_ Engineering & Science  
 \_\_\_\_\_ Library      \_\_\_\_\_ Student Accounting      \_\_\_\_\_ University Center  
 \_\_\_\_\_ Law School      \_\_\_\_\_ Dental School