



# DIRECT DEPOSIT AUTHORIZATION

Payroll Department  
3201 Arch St., Suite 400  
Tel (215) 895-2885  
Fax (215) 895-1615, (215) 895-1753

I am an employee of:  Drexel University  
 Drexel University College of Medicine

Election for direct deposit requires full net pay to be distributed between checking and savings accounts listed.

All direct deposits will be pre-noted (tested) and take effect the second pay after processing by the Payroll Dept.

A copy of a check or a direct deposit form from the bank must be provided for each account listed below.

Employee Name: \_\_\_\_\_ University ID Number: \_\_\_\_\_

|    |   |   |
|----|---|---|
| 1. | Bank Transit/Routing Number: (9 digits)   | Bank Name and Phone Number:   |
|    | Account Number:   | Entire net pay will be deposited to this account <i>after</i> the partial deposits listed below have been deducted. |
|    | Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop   |
| 2. | Bank Transit/Routing Number: (9 digits)   | Bank Name and Phone Number:   |
|    | Account Number:   | Dollar Amount to be deposited:  |
|    | Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change Amount <input type="checkbox"/> Stop      |
| 3. | Bank Transit/Routing Number: (9 digits)   | Bank Name and Phone Number:   |
|    | Account Number:   | Dollar Amount to be deposited:  |
|    | Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change Amount <input type="checkbox"/> Stop      |
| 4. | Bank Transit/Routing Number: (9 digits)   | Bank Name and Phone Number:   |
|    | Account Number:   | Dollar Amount to be deposited:  |
|    | Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change Amount <input type="checkbox"/> Stop      |

I hereby authorize Drexel University to direct deposit in the account(s) and financial institution(s) listed above. Such direct deposit(s) will be made on each succeeding payday unless I choose to terminate this agreement in writing. Should funds be erroneously deposited into my account(s), I authorize Drexel University to debit my account for an amount not to exceed the amount of the credit. I further authorize Drexel University to provide me an electronic pay statement.

Employee Telephone  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_