DUKE UNIVERSITY DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Complete the following information to sign up for direct deposit of your payroll check as well as any employee/student reimbursements. Return this form to the Payroll Office, Box 90484, Durham, N.C. 27708-0484.
Faxes or photocopies of this form will not be accepted. Original signatures required.
For additional information, please visit our website: http://www.finsvc.duke.edu/payroll/faq.html#direct
Note: The Federal Reserve requires Duke University to verify the accuracy of account information. This verification process may take up to a minimum of 30 calendar days.

SECTION I EMPLOYEE/STUDENT INFORMATION *(Please Print)*

Duke Unique I.D. _____ (Required)

NAME - _____ E-Mail Address_____
(required) (Last First Middle)

Daytime Work Phone:
_____

PAYROLL: ❑ Bi-weekly ❑ Monthly(25th pay date) ❑ Non-Compensatory(31st pay date)

SECTION II PLEASE CHECK ACTION TO BE PERFORMED

❑ New Authorization ❑ Change Financial Institution/Change Account Number ❑ Cancel Direct Deposit
(Current Bank Information **may remain in effect** for a **MINIMUM** of 30 days.)

Attach Voided Check Here

SECTION III ACCOUNT DATA

Attach a voided pre-printed check with your name or have the Financial Institution complete and stamp this section. No Deposit Slips or Starter Checks Accepted.

Financial Institution Name: _____
(PLEASE PRINT)

Routing Number: ❑❑❑❑❑❑❑❑❑

Account Number: ❑❑❑❑❑❑❑❑❑❑❑❑❑

Bank Stamp Required

Type of Account: (check one)
❑ Checking/Share Draft
❑ Savings (Financial Institution must complete this section.)

Financial Institution Representative's Signature: _____ Date: _____
(Obtain from your financial institution)

Print/Type Representative Name _____ Phone: _____

SECTION IV

I AUTHORIZE THE DEPOSIT OF MY PAYROLL CHECK EACH PAYDAY TO THE FINANCIAL INSTITUTION INDICATED IN SECTION III. I FURTHER AGREE TO THE FOLLOWING CONDITIONS:

1. THIS AUTHORIZATION REMAINS IN EFFECT UNLESS CORPORATE PAYROLL SERVICES RECEIVES NOTIFICATION FROM FINANCIAL INSTITUTION OR THE EMPLOYEE/STUDENT.
2. The University reserves the right to recall or adjust any deposits improperly created and deposited to my account.
3. I authorize the financial institution to honor any recall/adjustment request made by Duke University. I further authorize the financial institution to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available in the account to cover the deposit error at the time of the recall/adjustment.
4. ANY CHANGES TO THIS AUTHORIZATION MUST BE RECEIVED BY THE PAYROLL OFFICE AT LEAST 30 DAYS PRIOR TO THE PAYDAY ON WHICH THE UNIVERSITY IS OBLIGATED TO HONOR IT.
5. I absolve the University from any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.
6. You will be contacted via e-mail if information is invalid or incorrect.

Employee/Student Signature: _____ Date: _____
(Required)

(Last Revision: 05/4/2012)