

**PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM  
MONTHLY PAID EMPLOYEES**

The University offers Direct Bank Deposits via electronic transmission through the Automated Clearing House (ACH) System. Some of the highlights of the ACH system are:

- 1) Improved accuracy of posting within the banking systems due to electronic processing
- 2) Timely delivery of the statement of earnings to the administrative department
- 3) Elimination of the possibility of lost, stolen, or forged checks

In order to take advantage of this service, please follow the directions indicated below:

**DIRECTIONS:**

- 1) Please **PRINT** or **TYPE** all requested information.
- 2) Attach a voided check (or photocopy of one) from your bank account. **Do not** substitute a deposit ticket, as this does not have the necessary bank codes needed to set up your account.
- 3) **SIGN** this form.
- 4) **RETURN** directly to:  
Boston University Medical Campus  
Payroll Office  
580 Harrison Avenue, Floor 3  
Boston, MA 02118

**NOTE:** Direct deposit will usually begin the same month this form is received by the Payroll Office if received by the 10th of the month. YOUR PAYCHECK STUB WILL BE SENT DIRECTLY TO YOUR DEPARTMENTAL ADDRESS. Please confirm ALL account information immediately upon receipt of your direct deposit advise. Any future changes to the information provided below must be submitted in writing to the Payroll Office.

NAME: \_\_\_\_\_ EMPLOYEE BUID#: U \_\_\_\_\_

TYPE OF EMPLOYEE: Faculty  Staff

BANK'S MAIN OFFICE (Name and Address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: Checking  Savings  NOW

If you are changing your Direct Deposit Account, please indicate below:

FORMER BANK: \_\_\_\_\_

FORMER ACCOUNT NUMBER: \_\_\_\_\_

I hereby authorize my employer, Boston University, to deposit the net amount of my paycheck at the above named bank. Boston University is also authorized to apply debit adjustments to correct any excess deposit made in error to my account. **I UNDERSTAND THAT THE DEPOSIT WILL NOT APPEAR IN MY ACCOUNT UNTIL PAYDAY (THE LAST BANKING DAY OF EVERY MONTH).**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

E-Mail Address (REQUIRED) \_\_\_\_\_