

**PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM
WEEKLY 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 within three weeks following receipt of this form by the Payroll Office. **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 Department.

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 MAY NOT APPEAR IN MY ACCOUNT UNTIL THE NEXT SCHEDULED WORKDAY AFTER PAYDAY (USUALLY THIS WILL BE A MONDAY).

EMPLOYEE SIGNATURE: _____ DATE: _____

E-Mail Address (REQUIRED): _____