

**STUDENT EMPLOYEE  
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

Direct Deposit is an option offered by Boston University to have your weekly pay automatically deposited into your checking or savings account. The following information should be completed and returned to the Boston University Student Payroll Office, 881 Commonwealth Avenue, 2<sup>nd</sup> Floor, Boston, Ma. 02215.

**Please Print:**

NAME \_\_\_\_\_ B.U. ID NUMBER: U \_\_\_\_\_

BANK-MAIN OFFICE (NAME AND ADDRESS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

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

**For a checking account attach a voided check from your account. If you do not use checks, contact your bank to obtain the routing number. VERIFY that you have written down your account information correctly. Do not substitute a deposit ticket, as this does not have the necessary bank codes needed to set up your account. Do not enter the account and routing numbers from your payroll check.**

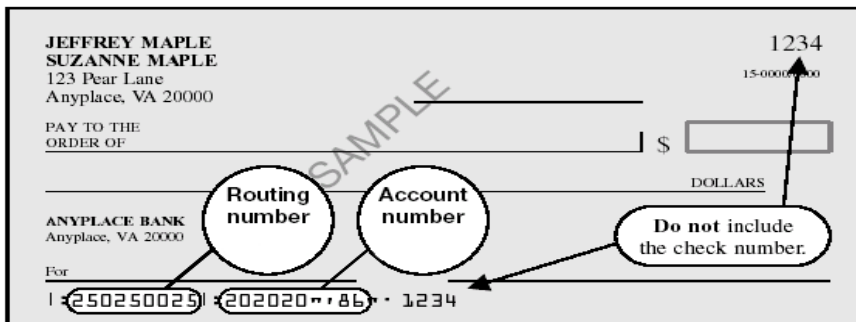
NOTE: **New Student Employees:** The processing of this direct deposit form may take a maximum of three weeks **from the time you receive your first pay check as an employee of Boston University.**

**Current Student Employees:** The processing of this direct deposit form may take up to three weeks. You will continue to receive regular pay checks in the interim.

When changing a direct deposit account from one bank to another, the information below will also be needed:

OLD BANK: \_\_\_\_\_ OLD 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 WORK DAY AFTER PAYDAY (USUALLY THIS WILL BE A MONDAY).**



Note. The routing and account numbers may be in different places on your check.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Future changes to the information indicated above should be submitted **in writing** to the Payroll Office.

Student Payroll or Payroll Coordinator: Name: \_\_\_\_\_ Signature: \_\_\_\_\_