

BARRY UNIVERSITY DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Complete the following information to sign up for direct deposit for your payroll check and return this form to Human Resources.

Note: We will be verifying the accuracy of account information. This process may take up to 30 calendar days. Payments made during this verification process will be by check.

SECTION I EMPLOYEE INFORMATION (Please Print)

Name – Last First Middle Social Security Number

Department: _____ Daytime Work Phone: _____

SECTION II PURPOSE FOR PROCESSING FORM (Check one)

- New Authorization Change Financial Institution/Change Account Number Cancel Direct Deposit
(A check will be issued until verification process is complete)

SECTION III ACCOUNT DATA *PLEASE ATTACH A BLANK VOIDED CHECK

Financial Institution Name: _____
(PLEASE PRINT)

Routing Number:

Account Number:

- Types of Account: (check one)
- Checking/Share Draft (Attach a voided check pre-printed with your name.)
- 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 IS TO REMAIN IN FORCE UNTIL CANCELLED BY ME OR UNTIL TERMINATION OF MY EMPLOYMENT.
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 Barry 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.

Employee Signature: _____ Date: _____