DIRECT DEPOSIT AUTHORIZATION

Payroll Office – The University of Michigan

BA

To have your paycheck or financial aid check direct deposited, complete the following information. ATTACH A BLANK, VOIDED CHECK/ DRAFT(s) to this form and return it to the Payroll Office, 1000 Victors Way, Ann Arbor, MI 48108. Fax: (734) 647-3983.

NOTE: This form must be in the Payroll Office 10 days prior to the pay date

SECTION I PERSONAL INFORMATION (Complete all information)

_____ _____

PRINT NAME – Last First Middle **University ID # –REQUIRED FOR PROCESSING**

_____

ADDRESS - Number Street City State Zip

CAMPUS PHONE_____ **HOME PHONE**_____ **EMAIL ADDRESS**_____

NOTE: **You will not automatically receive a hardcopy, direct deposit stub**. To view direct deposit stub detail, use the website https://wolverineaccess.umich.edu and follow the path for Employee Business (staff member) or Student Business (student) to the View Paycheck option. .

SECTION II PURPOSE FOR PROCESSING FORM (Check all that apply)

New Authorization ____ Change Financial Institution(s) ____ Change Account ____ Reference Sections. III & IV

Cancel U.S. Mail ____ Cancel Direct Deposit ____

Please Note: If direct deposit is cancelled, a check will be mailed to your current address on file.

SECTION III ACCOUNT DATA FOR ONE U.S. FINANCIAL INSTITUTION ONLY

☐ - **New Account/Change Financial Institution** ☐ - **Cancel Account** ☐ - **No Change**

I choose to send my net pay to the following institution. I realize that this financial institution will be used for reimbursements through the Procurement Systems.

U.S. Financial Institution	Account #	Type of account	Routing #
_____	_____	☐ Checking* ☐ Savings**	_____

☐ ***Check here if the entire paycheck amount will be forwarded to a financial institution outside of the U.S.***

*** For checking/share draft accounts, YOU MUST ATTACH A BLANK, VOIDED CHECK/DRAFT**

For savings account, indicate Account # and Routing # (Obtain from your financial institution).

SECTION IV ACCOUNT DATA FOR PARTIAL DEPOSIT TO A SECOND U.S. FINANCIAL INSTITUTION ONLY

☐ - **New Account/ Change Financial Institution** ☐ - **Cancel Account** ☐ - **Change Dollar Amount** ☐ - **No Change**

U.S. Financial Institution	Account #	Type of account	Routing #
_____	_____	☐ Checking* ☐ Savings**	_____

I choose to send a flat amount of my net pay $_____per payday to the above financial institution with the remainder going to the financial institution listed in Section III. Note: Flat amounts do not apply to weekly payrolls in which payroll adjustments or financial aid payments are processed.

* For checking/share draft accounts, **YOU MUST ATTACH A BLANK, VOIDED CHECK /DRAFT**

**For savings account, indicate Account # and Routing # (Obtain from your financial institution).

SECTION V I AUTHORIZE THE DEPOSIT OF MY PAYCHECK EACH PAYDAY TO THE INSTITUTIONS INDICATED IN SECTIONS III & IV. I FURTHER AGREE TO THE FOLLOWING CONDITIONS:

1. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL CANCELLED BY ME OR UNTIL ALL PAYROLL PAYMENTS ARE MADE RESULTING FROM THE TERMINATION OF MY APPOINTMENT(s).
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(s) to honor any recall/adjustment request made by the University, and I hereby absolve the financial institution(s) from any liability that it might incur as a result of honoring such recall/adjustment request by the University. I further authorize the financial institution(s) to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available, in the account designated to receive deposits, to cover the deposit error at the time of the recall/adjustment.
4. **ANY CHANGE TO THIS AUTHORIZATION MUST BE RECEIVED BY THE PAYROLL OFFICE AT LEAST TEN DAYS PRIOR TO THE PAYDAY IN WHICH THE UNIVERSITY IS OBLIGATED TO HONOR THIS AUTHORIZATION.**
5. I absolve the University from any liability to pay charges for insufficient fund transactions that result from a failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

Signature_____ **Date**_____