

Illinois Institute of Technology Direct Deposit Authorization Form

Name: _____ CWID: _____
Employing Department: _____ Email Address: _____

CATEGORY: **FACULTY** [] **STAFF** [] **STUDENT** []

I hereby authorize Illinois Institute of Technology Payroll Services to:

[] START - **New** Direct Deposit

[] STOP - Direct Deposit (*Designate the account to stop*) [] PRIMARY [] SECONDARY

[] CHANGE - my Direct Deposit as follows:

() **Change all** (a change replaces all currently active direct deposit allocations). Fill in each line of bank information to show how your check should be now.

() **Add new account(s)** (existing accounts will remain unchanged).

() **Remove account(s)** (other accounts will remain unchanged). You **MUST** have a primary account.

() **Change amount to be deposited into secondary account.**

All new account(s) setups **must** have attached a voided check or documentation from the bank showing the Bank Routing Number and the actual Account number. If these documents are not attached, the verification of the banking information may take up to two pay periods provided there are not errors returned on your account and your account will "pre-note" and your check will be mailed to your mailing or local address of record during the pre-note process. Once direct deposit becomes active, your pay stub can be viewed and printed through Banner Self Service.

Primary Account (Required): The amount of deposit to the Primary Account is your net pay less any direct deposit to the secondary account(s) listed below:

Bank Name: _____ [] Checking **OR** [] Savings
(attach voided check or other bank info)

Bank Routing Number: _____ Account Number: _____
(MUST be 9 digits)

Secondary Account for Deposit (Optional):

Amount to be deposited each pay period: \$ _____ **OR** PERCENT OF NET PAY: _____ %

Bank Name: _____ [] Checking **OR** [] Savings
(attach voided check or other bank info)

Bank Routing Number: _____ Account Number: _____
(MUST be 9 digits)

I hereby authorize Illinois Institute of Technology, hereafter called IIT, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account(s) indicated above. Further, I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the University (IIT) assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) (BANK) is/are not able to deposit any electronic transfer into my account(s) due to any action I take, the University (IIT) cannot issue the funds to me until the funds are returned to the University (IIT) by the financial Institution(s) (BANK).

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify Payroll Services before I close any/all account(s) listed above while this authorization is in effect.

Send completed form to: Illinois Institute of Technology Payroll Dept, 3424 S. State, Tech Central 4B9-1, Chicago, IL 60616



Signature: _____ Date: _____

STAFF, FACULTY ONLY: I AUTHORIZE IIT TO DEPOSIT ALL ACCOUNTS PAYABLE EXPENSE REIMBURSEMENTS BECOMING DUE AND OWING TO ME INTO THE PRIMARY ACCOUNT SHOWN ABOVE.

PLEASE INITIAL