

Employee Direct Deposit Authorization
Domestic Payments Only – No International Direct Deposit

Type of Transaction (check one): ☐ New ☐ Change ☐ Cancel

	N		
Last Name	First Name	Middle Name	NSU ID #
Phone number	E-Mail Address	Department	Location

Direct deposit is available for all employees and will be applied to employee reimbursements (including student employees), student refunds issued by Accounts Payable (AP) and for paychecks (issued by Payroll). Only one form is required to be completed. You must indicate below how you want each type of check deposited.

Employee Reimbursements (AP): Deposits can only be made to ONE CHECKING account. Select the box below indicating the account the entire payment should be deposited to. If no selection is made, funds will be deposited into the PRIMARY ACCOUNT. NOTE: If the employee is also a student, in addition to expense reimbursement, all student account refunds will be issued via ACH to this checking account.

Payroll: Direct Deposit of your payroll check can be made into three (3) accounts. The first paycheck you receive after your form has been received and processed will be a live paycheck. Once your account(s) have been verified by the financial institution you provided, your subsequent pays will be directly deposited.

- For one account only, complete only Box 1 (PRIMARY ACCOUNT) if you want 100% of your pay to go to this account.
- For two(2) or more accounts, complete Box 2 and/or Box 3 for each account into which you want to deposit a specific amount.

Use even dollar amounts only. Complete Box 1 for the account into which you would like the balance of your check deposited.

Changing or closing an account: It is IMPERATIVE that you notify Payroll prior to closing an account or if you have been notified of any changes in account number and the routing/transit number. Note: If you change, add, or close an account, you **must** submit a new form reflecting this change. Failure to notify Payroll could cause a delay in payment.

BANKING information: Attach a voided check to this form or contact your financial institution to provide you with printed documentation of your account number and the routing/transit number to be used for ACH/Direct Deposit purposes.

B O X 1	PRIMARY ACCOUNT SELECT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Name of Financial Institution: _____ Routing Number: _____ Acct #: _____	Employee reimbursements (AP) will be made to this account if no other account is specified below. Only one account can be selected for these payments. NOTE: If employee is a student, any student account refunds will also be made to this account.
B O X 2	ACCOUNT # 2 SELECT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount: \$ _____ Name of Financial Institution: _____ Routing Number: _____ Acct #: _____	Use this account for employee reimbursements (AP) and student account refunds. <div style="text-align: right;">Yes No</div>
B O X 3	ACCOUNT # 3 SELECT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount: \$ _____ Name of Financial Institution: _____ Routing Number: _____ Acct #: _____	Use this account for employee reimbursements (AP) and student account refunds. <div style="text-align: right;">Yes No</div>

Please sign, date and return this form providing the account number and the routing/transit number to the Payroll Department, via interoffice mail (mail code: PAY), email (payroll@nova.edu) or fax to (954) 262-3997. By signing below, I am authorizing NSU to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). This authorization remains in effect until NSU receives a written revised notification from me. It is my responsibility to verify funds are available at my bank before making any transactions.

Additionally, by signing this form, I am confirming that the direct deposit is being made to a domestic financial institution and will not be part of a back-to-back transaction to a foreign institution.

Signature: _____ **Date:** _____