



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

East Carolina University  
Payroll Office, Financial Services Building, 120 Reade Street

**EMPLOYEE ALWAYS COMPLETES THIS SECTION**

Employee Name (Type or Print)

Social Security Number

**AUTHORIZATION – COMPLETE THIS SECTION FOR PAYROLL ELECTRONIC DIRECT DEPOSIT**

This form must be in the Payroll Office by the first working day of the month to be effective on the first semi-monthly payroll and those received by the 16th of the month will be in effect on the last semi-monthly payroll for that month.

**Original Sign-up** – Select this box if you currently do not have your paycheck electronically deposited, but wish to begin payroll electronic direct deposit.

**Change** – Select this box if you currently have electronic payroll deposit and you want to change Financial Institutions and/or accounts.

**Cancellation** – Select this box to cancel your direct deposit

**(Note: If you have questions regarding the EFFECTIVE date of this change, contact the Payroll Department before Payday.)**

If your bank account is closed, for any reason, you must immediately notify the Payroll Department. If a deposit has been made by the University to the closed account, no correcting payment can be made until the bank has returned the funds to the University.

I hereby authorize East Carolina University to initiate credit entries for my pay, and I authorize the participating Financial Institution indicated below to credit my account as indicated on the attached voided check/letter.\* **(Deposit Tickets are not acceptable.)** If funds to which I am not entitled are deposited to my account, I authorize East Carolina University to direct the participating Financial Institution to return said funds to the University.

Nine-Digit Bank / Routing Number	Account Number

**ACCOUNT TYPE (SELECT ONLY ONE)**

**Checking**

**Savings**

Name of Financial Institution
Street Address
Phone Number (Include Area Code)
City, State, Zip Code

\* If a voided check is not available or the deposit is to a Savings Account, contact the Financial Institution and ask for a letter indicating the Financial Institution's Transit Routing Number and the Account Number. (Attach the letter to this form.)

This authority is to remain in effect until one of the following events occurs: (1) the University has received written notification from me of its termination in such time and such manner as to afford the University a reasonable opportunity to act on it, (2) the bank closes my account, (3) the University cancels the agreement, or (4) I have a break in employment from the University.

Employee Signature

Date Signed

Campus Phone

Campus Department

PLEASE ATTACH A PREPRINTED VOID CHECK HERE. IT SHOULD BE CLEARLY MARKED "VOID." THE PREPRINTED INFORMATION MUST INCLUDE THE FINANCIAL INSTITUTION'S ROUTING NUMBER AND ACCOUNT NUMBER. COPIES OF ATM CARDS ARE NOT ACCEPTABLE.