



Office of the Controller
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2249
Fax: (937) 775-2383

DIRECT DEPOSIT AUTHORIZATION FORM

Please Check.

- New Account
- Change Accounts
- Add Accounts
- Stop Additional Accounts

Please attach a voided check.

- Adjunct Faculty
- Faculty
- Staff
- Student

Effective Date _____

Name (Please Print) _____ Office Phone _____

UID Number _____

****(Nine Digit) Bank Routing Number _____

Financial Institution _____ Account Number _____

- Checking
- Savings
- Total Net Pay
- Dollar Amount \$ _____

COMPLETE THIS PORTION ONLY IF FUNDS ARE TO GO TO A SECOND BANK OR ACCOUNT.

****(Nine Digit) Bank Routing Number _____

Financial Institution _____ Account Number _____

- Checking
- Savings
- Total Net Pay
- Dollar Amount \$ _____

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings accounts, as indicated above, and the depository named above, each hereinafter called depository, to credit and/or debit the same to such account(s).

Date _____ Signed _____

****CANNOT BE PROCESSED WITHOUT CORRECT (NINE DIGIT) BANK ROUTING NUMBER.