WILLIAM PATERSON UNIVERSITY

Office of Payroll & Employee Benefits
Direct Deposit Authorization

Contact # _____

Employee's Banner ID # _____ Employee's name: _____
(Last, First, MI)

Action ☐ New ☐ Add ☐ Change ☐ Cancel
Bank/Financial Institution Name: _____
Routing Number (9 Digits): _____
Account Number (up to 17 Numbers): _____
Deposit Type: ☐ Amount $ _____ ☐ Percentage _____ % ☐ Balance _____
Account Type: ☐ Checking ☐ Savings

Action ☐ New ☐ Add ☐ Change ☐ Cancel
Bank/Financial Institution Name: _____
Routing Number (9 Digits): _____
Account Number (up to 17 Numbers): _____
Deposit Type: ☐ Amount $ _____ ☐ Percentage _____ % ☐ Balance _____
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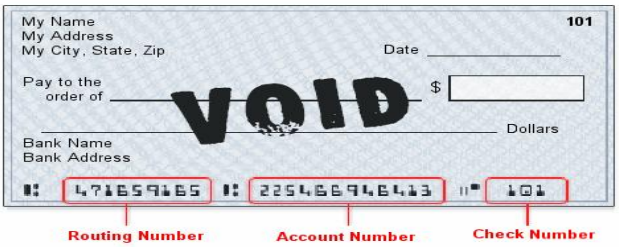
Action ☐ New ☐ Add ☐ Change ☐ Cancel
Bank/Financial Institution Name: _____
Routing Number (9 Digits): _____
Account Number (up to 17 Numbers): _____
Deposit Type: ☐ Amount $ _____ ☐ Percentage _____ % ☐ Balance _____
Account Type: ☐ Checking ☐ Savings

Employee Authorization

I authorize William Paterson University to electronically credit the above authorized amounts to the Financial Institution(s) named above for deposit into my account(s) and if necessary debit my account(s) for any entries made in error. If I close any account without prior notification to the University I understand that I will have to wait for the Financial Institution to return the funds before the University can reissue the funds.

X _____ Date : _____
Employee's Signature

Please attach a voided check that has the preprinted routing and account number of your bank account for each direct deposit.