

## **Direct Deposit Authorization Form**

This form us used start, change, or stop direct deposit for payments received by you from Florida A&M University. Employees are limited to three direct deposit accounts. If you choose to have more than one account, you are required to complete this form for each account. Direct deposit can be managed by the employee through Self Service in the PeopleSoft (iRattler) system or by completing this form and submitting it the Office of Human Resources. This form must be completed in its entirety and signed in order to be processed.

Employee ID or SSN		Employee Full Name		
Date of Birth		Phone Number		
	Sel	ect Action Type		
Direct Deposit Action (Select Start, Stop, or Change)		Account Type (Select Ch Savings)	ecking or	
Distribution Type (Select Amount, Balance, or Percent)		Amount/Percent (Flat dollar amount or Percentage amount)		
ACH Routing Number		Account Number		
Please attach a voided check with your name printed on it. In lieu of a check, you may submit a bank issued or financial institution direct deposit form or written statement. Please do not provide a deposit slip as the routing number differs from the direct deposit routing number.				
	A	greement		
in accordance with NACHA r direct deposit authorization requesting a change; (b) my de data is inactivated one year af your account. Otherwise, th receiving your funds. Florida A (e.g.: account number, employ	ules reversing a credit entry no will remain in effect until weath or legal incapacity; (c) the ter separation of employment e funds will be returned to FA&M University is not liable for yee identification number etc	made in error, to my account at withdrawn by: (a) me, either a financial institution; or (d) Flot. Please make sure your direct florida A&M University and mar any incorrect information subra.). It is the employee's respons	ntries and, if necessary, a debit entry the named financial institution. This in writing by submitting this form rida A&M University. Direct deposit deposit has stopped before closing ay cause a seven to ten day delay in mitted by the employee on this form sibility to verify the deposit of his/her e of the terms and conditions stated	
Signature Date				
	YOUR NAME 03-93	1026		
YOUR NAME 93 991 124 Your St. Your Town, CA. 12415  Pay to the Order of S				
YourBank ##				
	For 1. 12345678911 123456789101 1 1026			
ABA or Bank Routing Bank Routing Number Number				