

UW Hospital and Clinics Payroll
Direct Deposit Authorization
Attach your voided check

Please Read this Important Information:

- It takes *at least one Payperiod (One paycheck)* for the Direct Deposit to take effect...this means your first check will be sent to your home address. Be sure we have the correct address on file.
- The First Institution listed will receive the entire net check
- Direct deposit can be made to a maximum of two different financial institutions – *only the second institution may have a set dollar amount.*
- Attach a voided check to ensure deposit to the correct accounts.
- Contact your financial institution on pay day to verify that your direct deposit has gone into effect.
- **VERY IMPORTANT!!** Notify payroll to stop or change direct deposit information *prior* to an account being closed or changed.
- The earning statement of a direct deposit is distributed to the employee through Inter-D mail to Department

Please Print

Check one of the following <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change <input type="checkbox"/> 2 nd <div style="text-align: center; margin-left: 100px;">Financial Institution</div>	Effective Date <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Paydate ____/____/____
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Peoplesoft Empl Id number (on check stub)	
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Name (Last, First, Middle Initial)

Name of 1st Financial Institution (Bank, Savings Institution, Credit Union, etc.)	Entire net check
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City of Financial Institution	State of Financial Institution
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ABA Bank Routing Number, Must be 9 numbers (See example on reverse side)	Account number (See example on reverse side)	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Name of 2nd Financial Institution (Bank, Savings Institution, Credit Union, etc.)	Flat amount excess/per check
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City of Financial Institution	State of Financial Institution
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ABA Bank Routing Number, Must be 9 numbers (See example on reverse side)	Account number (See example on reverse side)	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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I authorize the UWHC to direct deposit funds to my account in the financial institutions listed above. If funds to which I am not entitled are deposited in my account, I authorize the UWHC to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the UWHC at any time. If any of the above information changes, I will promptly complete a new authorization agreement. ***If the direct deposit is not stopped before closing an account, funds payable to you will be returned to the University for distribution. This will delay your check.***

Date (Mo/Day/Yr)	Signature	Daytime Phone Number
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Attach your voided check.
 See sample voided check on the reverse side.
Return this form to UWHC Payroll, 635 Science Drive Madison WI, 53711
...OR Send through Interdepartmental Mail to Payroll Mail Drop #9810

Sample Voided Check

Date _____ 2551

Pay to the Order Of **VOID** \$

_____ Dollars

For _____

:075501626: 732-336 2551

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American Banking Association (ABA) Bank Account Number Check Number
Routing Number

**Additional Forms will be at the
Human Resources Information Window**