

UW HOSPITAL AND CLINICS PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

All employees **MUST** complete sections 1, 2 and 3.

Section 1 – Employee Information

Employee ID Number	Employee Name (Last, First Middle Initial)	Work Phone
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Section 2 – Direct Deposit Account Information

1st Account

<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	Bank Name		City/State of Bank	
	Bank Routing Number	Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Type Balance of Net Pay

2nd Account

<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	Bank Name		City/State of Bank	
	Bank Routing Number	Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Type Amount \$ _____

3rd Account

<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	Bank Name		City/State of Bank	
	Bank Routing Number	Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Type Amount \$ _____

Section 3 – Employee Authorization

I authorize UWHC and my financial institution(s) indicated above to initiate direct deposit in the amounts I have designated and if necessary, debit entries and adjustments for any entries made in error to my accounts. When starting a new direct deposit or changing financial institutions, your account information must be electronically verified your financial institution (s) to verify account information before start or change becomes effective. **You may receive actual paychecks mailed to your home address until this process is complete.**

Employee Signature	Date
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