

# 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

1<sup>st</sup> Account

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

2<sup>nd</sup> Account

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

3<sup>rd</sup> Account

<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	<b>Bank Name</b>		<b>City/State of Bank</b>	
	<b>Bank Routing Number</b>	<b>Bank Account Number</b>	<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Deposit Type</b> 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.**

<b>Employee Signature</b>	<b>Date</b>
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UW HOSPITAL AND CLINICS  
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

**FORM INSTRUCTIONS**

- Sections 1, 2, and 3 must be completed. If information is missing, the form will be returned to your home address through the US mail.
- You are authorizing UWHC and your financial institution(s) as indicated on this form to initiate direct deposit amounts and if necessary, debit entries and adjustments for any entries made in error to your accounts.
- When starting a new direct deposit account or changing your financial institution(s), your account information must be electronically verified with your financial institution. **You may receive actual paychecks mailed to your home address until this process is complete.**
- Attach a voided check to ensure accuracy of your bank routing number and account number.
- **Bank Routing Number and Account Number:** If you are not sure what these numbers are, contact your financial institution. Routing numbers must be 9 digits. See sample check below.
- **Type of Account:** If you have accounts other than a checking or savings, such as a loan, ask your financial institution which type of account to select.
- **Deposit Type:** 1<sup>st</sup> accounts will always be your net pay. Accounts 2 or 3 will always be dollar amounts.
- **DO NOT** close your account(s) at your bank until you have submitted this form indicating a stop.

**SAMPLE VOID CHECK**

	12345	
Pay to the order of _____	\$ <input style="width: 100px;" type="text"/>	
_____ Dollars		
Memo _____		
: 075501626	9999 888 196	12345
↑	↑	↑
Routing Number	Account Number	Check Number

Return completed form and voided check to:

**UWHC Payroll Department**  
**301 S. Westfield Road, Suite 350**  
**Madison WI 53717**  
**or**  
**Fax to 608/262-0399**