

## **Direct Deposit Authorization Form**

**Form Purpose:** To 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 iRattler PeopleSoft system or by completing this form and submitting it the Payroll Office. This form must be completed in its entirety and signed in order to be processed.

to be processed.	
Employee ID or SSN	Employee Full Name
Date of Birth	Phone Number
	Select Action Type
Direct Deposit Action (Select State Stop, or Change)	Account Type (Select Checking or Savings)
Distribution Type (Select Amount, Balance, or Percent)	Amount/Percent (Flat dollar amount or Percentage amount)
ACH Routing Number	Account Number
	vith your name printed on it. In lieu of a check, you may submit a bank issued or financial or written statement. Please do not provide a deposit slip as the routing number differs number.  Agreement
in accordance with NACHA rules in direct deposit authorization will requesting a change; (b) my deat data is inactivated one year after your account. Otherwise, the fur receiving your funds. Florida A&M (e.g.: account number, employee	ize and request Florida A&M University to initiate credit entries and, if necessary, a debit entry reversing a credit entry made in error, to my account at the named financial institution. This I remain in effect until withdrawn by: (a) me, either in writing by submitting this form h or legal incapacity; (c) the financial institution; or (d) Florida A&M University. Direct deposit separation of employment. Please make sure your direct deposit has stopped before closing nds will be returned to Florida A&M University and may cause a seven to ten day delay in M University is not liable for any incorrect information submitted by the employee on this form identification number etc). It is the employee's responsibility to verify the deposit of his/her cks on accounts. My signature below signifies acceptance of the terms and conditions stated
Signature	Date
	YOUR NAME 123 Your St. Your Town, CA 12345  Pay to the Order of

Number

Place voided check here