

UNIVERSITY OF HARTFORD

Direct Deposit Authorization Form

Employee Name	University of Hartford ID #
E-mail Address _____@hartford.edu	Phone #

Please complete the Authorization Form in its entirety.

- To direct wages into a **checking** account, you can include a blank voided check from your financial institution, a printed copy of on-line banking account detail with the ACH routing number and account number, or a validation letter from your financial institution indicating the ACH routing number and account number.
- To direct wages into a **savings** account, you can include a statement from your financial institution, or a printed copy of on-line banking account detail with the ACH routing number and account number, or a validation letter from your financial institution indicating the ACH routing number and account number.

Note: A deposit form with the ACH routing number and account number can be accepted as proof of account information.

FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

1. Financial Institution/Bank	Type of Account (circle one) Checking OR Savings	Circle one: New Account Change Cancel
ACH Routing Number	Account Number	Dollar Amount of Deposit Requested: _____ or enter NET for balance of entire check

2. Financial Institution/Bank	Type of Account (circle one) Checking OR Savings	Circle one: New Account Change Cancel
ACH Routing Number	Account Number	Dollar Amount of Deposit Requested: _____ or enter NET for balance of entire check

Return this form and **proof of account(s)** to the Office of Human Resources Development, located in the Financial & Administrative Services Building (FASB). Failure to provide **proof of account** will delay the processing of your direct deposit.

AUTHORIZATION AGREEMENT

I authorize the University of Hartford to initiate direct deposit(s) in the account(s) at the financial institution(s) listed above. If the financial institution is not able to deposit the electronic transfer into my account, I understand that the University assumes no responsibility for processing a supplemental payment until the non-accepted deposit is returned to the University.

Employee Signature: _____ Date: _____

HRD USE ONLY	
Account information verified by HR Rep (initials): _____	Date: _____
Detail input into GXADIRD by HR Rep (initials): _____	Date: _____
GXADIRD audited by HR Rep (initials): _____	Date: _____