# Direct Deposit Authorization Form

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>University of Hartford ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
<td>Phone #</td>
</tr>
<tr>
<td></td>
<td>@hartford.edu</td>
</tr>
</tbody>
</table>

Please complete the Authorization Form in its entirety.

1. To direct wages into a **checking** account, you can include a blank voided check from your financial institution, a printed copy of online 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.

2. To direct wages into a **savings** account, you can include a statement from your financial institution, or a printed copy of online 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** (check one):
     - Checking
     - Savings
   - **Check 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** (check one):
     - Checking
     - Savings
   - **Check 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 Computer Center, Room 121. 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. I understand that consistent with University policy, all wages due to me will be paid via direct deposit.

**Employee Signature:** ____________________________  **Date:** ____________________________

**HRD USE ONLY**

Account information verified by HR Rep (initials): __________ Date: ________

Detail input into GXADIRD by HR Rep (initials): __________ Date: ________