



PAYROLL DEPARTMENT

726 Broadway, 2fl Mailcode: 1530

AUTOMATIC PAYCHECK DIRECT DEPOSIT ENROLLMENT

Instructions:

1. Please complete the Authorization Agreement and Bank Information sections of this form
2. You may have your pay deposited in any existing bank provided it is a member of the Automatic Clearinghouse. Your bank probably is a member, but if it is not, the Payroll Department will notify you.
3. For a checking account, include a blank voided check
4. For a savings account, obtain the transfer ABA number and appropriate account number from your bank
5. Return this completed form and appropriate attachments to:

New York University
 Payroll Department
 726 Broadway, 2FL mailcode: 1530
 New York, NY 10003

AUTHORIZATION AGREEMENT

Please enroll me in the AUTOMATIC PAYCHECK DIRECT DEPOSIT PLAN. I authorize New York University to deposit my paycheck each payday directly into the account named below. This authority will remain in force until I have given written notice of termination or until New York University has notified me that this service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. In the event an incorrect amount should be entered in my account, I authorize my bank to make the appropriate adjustment. Due to the Banking System account verification procedures, there will be at least a **one-month delay** for monthly and bi-weekly paid employees and a **two-week delay** for weekly paid employees before your Direct Deposit agreement becomes effective. A check will be available at your work location until the agreement takes effect.

Signature _____ Date ____/____/____

Print Name _____ UID _____

NYU Address _____ Room _____ Phone _____

Indicate How Frequently You Are Paid (check one): Monthly Bi-Weekly Weekly

For MONTHLY PAID EMPLOYEES, Indicate Where You Would Like to Receive Your Pay Advice (check one): Home Dept

Note for all other employees: Your pay advice will be mailed to your work location

BANK INFORMATION

ABA Number (first 9 digits only)

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Bank Name _____

Your ABA number appears at the bottom of your checks between the markings indicated above

Branch Address _____

City _____ State _____ Zip _____

Account Number _____

Please note that a money market account is either a savings or checking account. Please make the appropriate selection.

Account Type (check one): Savings or Checking ←

Payroll Department Use Only

Employee ID	Effective Date	ABA Transit#

Account	C/S	PRE	DIS