

WESTERN CAROLINA UNIVERSITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS AND EXPENSE REIMBURSEMENTS
ENROLLMENT AND CHANGE FORM

Bi-Weekly Payroll Monthly Payroll Expense Reimbursements

<input type="checkbox"/> ENROLL in direct deposit		<input type="checkbox"/> CHANGE direct deposit	
FIRST NAME:	MI:	LAST NAME:	
BANNER I.D. #	PHONE NUMBER:		

For HR (or representative) use only	
Date received:	_____
By:	_____
<input type="checkbox"/> Mail	<input type="checkbox"/> in-person
<input type="checkbox"/> Verified by phone	
<input type="checkbox"/> Verified with ID	

NAME OF BANK OR FINANCIAL INSTITUTION:
--

<input type="checkbox"/> Deposit to my CHECKING or MONEY MARKET account (my name is on this account)
<input type="checkbox"/> Deposit to my SAVINGS account (my name is on this account)

I am ATTACHING (check one and STAPLE HERE)

<input type="checkbox"/> a PHOTOCOPY of a CHECK
<input type="checkbox"/> a CHECK marked " VOID "
<input type="checkbox"/> an official BANK FORM which provides my account number and the bank routing number

<input type="checkbox"/> Cancellation - I understand that I must establish a new bank account for my direct deposit to remain employed.
--

I authorize WCU and my bank to deposit my paycheck and/or reimbursements directly to the account listed above. Deposits can be made to one banking institution only and in one account within the banking institution. Deposits are limited to either checking or savings accounts. Partial deposits will not be permitted; total amount paid must be deposited. If the transmission fails because I have given incorrect or outdated information, WCU can only provide a replacement payment **AFTER** the University has received a refund from the financial institution (usually within 5 working days). It is important that you provide correct account and bank routing numbers, and that you notify the Payroll Office **immediately** if you change banks or account numbers. Western Carolina University has the right to retract and correct payments, as necessary.

This completed form must be received in the Payroll Office no less than 15 days prior to your next pay date or reimbursement for the direct deposit to be effective for the next payment.

I acknowledge that electronic payments to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire payment amount is not subject to being transferred to a foreign bank account.

I authorize WCU to initiate direct deposit entries each pay period and/or for each reimbursement, and if necessary, adjustments for any direct deposit entries in error to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. I understand that it is my responsibility to verify deposits on a pay period or reimbursement basis before writing checks against these funds and that WCU is not responsible for bank errors or bank fees.

SIGNATURE: _____	DATE: _____
------------------	-------------