University of Northern Iowa
Direct Deposit of Payroll
Authorization Form

Name (Please Print) ___________________________________________   UNI ID# ___________________________________________

(Last, First, MI)

I hereby authorize the University of Northern Iowa to initiate direct deposit credit entries and, if necessary, debit entries, or
adjustments to correct any deposit errors to my checking or savings account at the financial institution(s) indicated below.

This authority is to remain in full force and effect until the end of my appointment or the University of Northern Iowa has
received written or electronic notification from me of its termination in such time and in such manner as to afford
the University of Northern Iowa and the financial institution(s) named below a reasonable opportunity to act on it.

If available, staple a voided check or copy (not a deposit slip), or documentation from your bank or credit union of
your account information to this form. This form must be received in Payroll 10 days prior to your next payroll date
to guarantee it will be effective for payroll.

Most people have one bank designated for direct deposit (1). However, if you wish to split your pay check between
banks, please use the additional entry fields (2 & 3) for that purpose. If making changes to your direct deposit information,
please enter the information for ALL accounts – even if you’re not making changes to all of the accounts.

1. Financial Institution (bank, credit union, etc.)______________________________________________________________
   City, State and Zip __________________________________________________________
   Routing # __________________ Account # ________________________________
   Deposit Entire Net Pay □ OR a Flat Amount of $__________
   (If flat amount, must complete 2 below.)
   Account Type:  Checking □       Savings □

2. Financial Institution ______________________________________________________________
   City, State and Zip __________________________________________________________
   Routing # __________________ Account # ________________________________
   Flat Amount $__________ OR Balance of Pay □
   (If flat amount, must complete 3 below.)
   Account Type:  Checking □       Savings □

3. Financial Institution ______________________________________________________________
   City, State and Zip __________________________________________________________
   Routing # __________________ Account # ________________________________
   Balance of Pay □
   Account Type:  Checking □       Savings □

Signature ___________________________________________   Date __________________________

Return form to Business Operations-Payroll, 103 Gilchrist. You will need a photo ID.