

ACU Payroll Direct Deposit Authorization Form

Banner ID: _____

Name: _____

Email Address: _____

Phone # _____

Select Type of Employee: (check which applies)

☐ Exempt

☐ Non-Exempt

☐ Student

ACTION TYPE (Check which applies)

☐ New Employee Set up

☐ Continuing Employee Change (update/change to current direct deposit set-up)

Account #1 (Check which applies)

☐ Checking

☐ Savings

Bank Name: _____

Bank Address: _____

Routing # (9 digits) _____ Bank Account # _____

Requested Amount: ☐ Entire Balance ☐ Specific \$ Amount _____ ☐ Percent Net Pay _____

Account #2 (Check which applies)

☐ Checking

☐ Savings

Bank Name: _____

Bank Address: _____

Routing # (9 digits) _____ Bank Account # _____

Requested Amount: ☐ Entire Balance ☐ Remaining Net ☐ Percent Net Pay _____

Authorization Agreement: I hereby authorize the Abilene Christian University to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the Abilene Christian University to make the appropriate adjustment(s).

Employee Signature: _____

Date: _____

**Mail form to ACU HR/Payroll at ACU Box 29106 Abilene, TX 79699
or bring to Human Resources in Administration Building Room 213**