AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET PAY

☐ I HAVE MY OWN BANK ACCOUNT

**I (Print Name)_____, hereby authorize the Research Foundation of The City University of New York to deposit my net pay directly into my bank account(s) as designated below and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account(s).
**To ensure that my account(s) is/are properly credited, I have provided the necessary data on the form below.
**I agree that this authorization will remain in effect until I provide written notification otherwise.
**I further agree that my employer's liability for any negligent error(s) in crediting the account(s) listed below is limited solely to arranging for correct adjustment to the appropriate account(s).

_____ _____ (_____)_____
SIGNATURE OF EMPLOYEE DATE HOME TELEPHONE

SECTION 'A':

***FOR DEPOSITING ENTIRE NET PAY TO ONE ACCOUNT or*
***IF YOU ARE SPLITTING YOUR DEPOSIT BETWEEN TWO ACCOUNTS, LIST ONE OF THE ACCOUNTS IN SECTION 'A' AND THE OTHER IN SECTION 'B', BELOW.*
***FOR SPLIT DEPOSITS YOU MUST INDICATE THE AMOUNT OF DOLLARS TO BE DEPOSITED TO THE ACCOUNT YOU HAVE LISTED IN SECTION 'A'.*

Name on your account: _____

Your social security #: __ __ __ - __ __ - __ __ __ __ **Employee ID#** __ __ __ __ __ __ **School**_____

Name of Bank: _____

Address of Bank: _____**(City)**_____**(State)**_____**(Zip)**_____

Bank Transit Routing (ABA#): _____ **Employee's Bank Account #:** _____
NOTE: a voided or cancelled check, or a deposit slip is REQUIRED in order to process this application.

Amount of Deposit: _____

Type of Account: ☐ **Checking** ☐ **Savings** ☐ **Money Market Checking** ☐ **Money Market Savings**

SECTION 'B':

***USE THIS SECTION IF YOU ARE SPLITTING YOUR DEPOSIT BETWEEN TWO (2) ACCOUNTS AND YOU HAVE COMPLETED SECTION 'A'.*

Name on your account: _____

Your social security number: __ __ __ - __ __ - __ __ __ __

Name of Bank: _____

Address of Bank: _____**(City)**_____**(State)**_____**(Zip)**_____

Bank Transit Routing (ABA#): _____ **Employee's Bank Account #:** _____
NOTE: a voided or cancelled check, or a deposit slip is REQUIRED in order to process this application.

Type of Account: ☐ **Checking** ☐ **Savings** ☐ **Money Market Checking** ☐ **Money Market Savings**

☐ I DO NOT HAVE MY OWN BANK ACCOUNT

**I (Print Name)_____, hereby authorize the Research Foundation of The City University of New York to open an e-funds payroll deposit account in my name, to deposit my net pay directly into that account, to provide me with an Automatic Teller Machine (Debit) card for the retrieval of my net pay, or use at debit machines, and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account.
***I have willingly provided the necessary data on the form below.*
***I agree that this authorization will remain in effect until written notification otherwise is provided by either party.*
** I further agree that my employer's liability for any negligent error(s) in crediting the account is limited solely to arranging for correct adjustment to the account.

_____ _____
SIGNATURE OF EMPLOYEE DATE

PERSONAL INFORMATION:

Home Address: _____**Home Telephone:(_____)**_____

Your Social Security #__ __ __ - __ __ - __ __ __ __ **Employee ID#** __ __ __ __ __ __ **School**_____