

NORWICH UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Deposit Information:

1. Name of Bank or Credit Union: _____

Routing Number: _____ Account Number: _____

Savings _____ Checking _____

Amount of Deposit: Entire: _____ Dollar Amount: _____

2. Name of Bank or Credit Union: _____

Routing Number: _____ Account Number: _____

Savings _____ Checking _____

Amount of Deposit: Entire: _____ Dollar Amount: _____

The routing number is unique to your bank and is what routes your funds to your bank. Please provide a deposit slip, voided check, or check with your bank for this information.

You have the capability through our payroll system to deposit into four different accounts. Just include the above information for each account that you wish to deposit funds into.

I hereby authorize and request Automatic Data Processing, hereinafter called Agent, while acting as payroll service agent for Norwich University, hereinafter called Company, to make payment of any amounts owing me for wages earned by initiating credit entries to my account(s) indicated in the bank(s) named above, hereinafter called Bank, and I authorize and request Agency and Bank to accept credit lines initiated by Company to such account and to credit the same to such account without responsibility for the correctness thereof.

It is understood that I authorize Bank to accept a debit entry initiated by Company or Agent as is necessary to correct a credit entry initiated in error.

It is understood that this agreement may be terminated by me at any time by written notification to Company. Any such notification to Company shall be effective only with respect to entries initiated by Company after receipt of such notification and a reasonable opportunity to act on it.

SIGNED: _____ DATE: _____

Please note that it normally takes one payroll cycle to initiate Direct Deposit. Please review your first paycheck carefully. It may be a live check.