

DIRECT DEPOSIT AUTHORIZATION FORM

Please read and carefully follow instructions. This form will start, change, or stop direct deposit for all payroll payments received from the University of South Florida. Your direct deposit can only be sent to one account at one financial institution. If any part of your name has changed, you will need to submit a new direct deposit form **and** file a new W-4 form. For name changes, please attach a copy of your social security card or a copy of the receipt from the Social Security Administration to the W-4 form. W-4 forms are available in Human Resources (SVC2172) or University Payroll (SVC0067) or can be downloaded from either the HR homepage at www.usf.edu/HR under the HR Forms link or from the IRS website at www.irs.gov. Completed direct deposit and W-4 forms can be faxed to University Payroll at (813) 974-5084 or mailed to 4202 E. Fowler Avenue, SVC2172, Tampa, FL 33620-6980. You can also submit the form in person to University Payroll located at SVC0067.

Please Print

<p>Last Name: _____</p> <p>First Name: _____</p> <p>Employee ID (11-digit GEMS ID): 0 0 0 0 0 0 _ _ _ _ _</p> <p>Campus: <input type="checkbox"/> Tampa <input type="checkbox"/> St. Petersburg <input type="checkbox"/> Sarasota <input type="checkbox"/> Lakeland <input type="checkbox"/> Other: _____</p> <p>Work Phone: _____ Home Phone: _____</p> <p>Department Name: _____</p>	<p>Requested Action:</p> <p>(1) Start ----- <input type="checkbox"/></p> <p>(2) Change ----- <input type="checkbox"/></p> <p>(3) Stop ----- <input type="checkbox"/></p> <p>(4) Name Change Only ----- <input type="checkbox"/></p> <p>Account Type: (1) Checking ----- <input type="checkbox"/> (Select Only One) (2) Savings ----- <input type="checkbox"/></p>
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Attach a VOIDED CHECK or a VOIDED DEPOSIT SLIP (depending on the Account Type selected above)

Please Note: The document that you attach must clearly indicate your account number and your financial institution's routing number.

*** If you are submitting this form because of a name change, please provide a copy of your new social security card or a copy of your receipt from the Social Security Administration indicating that a new card has been requested. We cannot change your name until a card or receipt is provided.

Name of your financial institution: _____

City: _____ State: _____

Signature	Date
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THIS FORM MUST BE SIGNED AND DATED

Agreement

My signature above authorizes and requests the University of South Florida (USF) to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my account at the financial institution named. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to USF to allow adequate time to effect termination; (b) my death or legal incapacity, (c) the financial institution or (d) USF. Otherwise, it will purge six (6) months after my last wage payment.

NOTE: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to USF and cause a seven (7) to ten (10) day delay before you receive your salary payment.