



Payroll Services
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 Piscataway, New Jersey 08854

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 F:732-445-1004
 E: timelabor@payroll.rutgers.edu

Direct Deposit Authorization Form

Name: _____

Employee ID: _____

Email: _____

Phone: _____

*Must be a valid Rutgers email address

*Must be a Rutgers phone number

I hereby authorize Rutgers University to:

Start Direct Deposit

Stop All Direct Deposit

Change my Direct Deposit as follows:

Change All (A change all replaces the Direct Deposit Authorization currently on file. Fill in every line of bank information to show how your check should be deposited)

Add New Account (Existing accounts will remain unchanged)

Remove an Account (Other accounts will remain unchanged. You must have one balance account)

YOU MUST HAVE ONE BALANCE ACCOUNT

1. Bank Name:	Routing # _____ <small style="text-align: center;">(9 Digits)</small> Account # _____	Checking Savings	Balance Account
2. Bank Name:	Routing # _____ <small style="text-align: center;">(9 Digits)</small> Account # _____	Checking Savings	Fixed Amt \$ _____ or Percent _____ %
3. Bank Name:	Routing # _____ <small style="text-align: center;">(9 Digits)</small> Account # _____	Checking Savings	Fixed Amt \$ _____ or Percent _____ %
4. Bank Name:	Routing # _____ <small style="text-align: center;">(9 Digits)</small> Account # _____	Checking Savings	Fixed Amt \$ _____ or Percent _____ %

I authorize Rutgers University to deposit my net pay via Direct Deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason.

I understand that in the event that my financial institution(s) is/are not able to deposit any electronic transfers into my account due to any action I take, the University cannot issue the funds to me until the funds are returned to the University by the financial institution(s). I understand this authorization will override any previous authorization and will remain in effect until revoked by my request. I understand that I must immediately notify the Payroll Office before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature _____

Date _____

Send completed forms to Payroll at the address at the top of the form.