



University of Pittsburgh

Payroll Department

207 P Craig Hall
200 S. Craig Street
Pittsburgh, PA 15260
Phone: 412-624-8070
Fax 412-624-8072

DIRECT DEPOSIT OF NET EARNINGS AUTHORIZATION AGREEMENT

EMPLOYEE NAME

DEPARTMENT

CAMPUS PHONE

LAST 4 DIGITS ONLY OF SOCIAL SECURITY NUMBER

PAYCHECK FREQUENCY Monthly BiWeekly

BANKING INSTITUTION

CHOOSE THE ACCOUNT TO BE CREDITED. ONLY **ONE** CAN BE ELECTED. CHECKING SAVINGS

PLEASE ATTACH A COPY OF A VOIDED CHECK, A SAVINGS STATEMENT, OR OTHER OFFICIAL BANKING INSTITUTION CONFIRMATION OF YOUR ROUTING AND ACCOUNT INFORMATION. YOUR NAME MUST APPEAR ON THE CONFIRMATION DOCUMENT.
DEPOSIT SLIPS WILL NOT BE ACCEPTED.

I authorize and request the University of Pittsburgh to:

BEGIN CHANGE DISCONTINUE

EFFECTIVE DATE

DIRECT DEPOSIT of any amounts owing to me for net earnings to ONE account in the bank or institution ("BANKING INSTITUTION") named above; and I authorize and request the BANKING INSTITUTION to accept the direct deposit authorization (and/or corrections to previously deposited amounts) as certified correct by the University for my account.

TERMS AND CONDITIONS

The banking institution in which the account is maintained must be a member of the Tri-State Automatic Clearing House Association (TRISACH) or the Third District Funds Association (DACH). Deposits can be made in one banking institution only and in one account in the banking institution. Deposits are limited to either savings or checking accounts. Partial deposits will not be permitted; total net pay must be deposited.
Monthly direct deposit authorization forms received in Payroll after the 15th of the month are not guaranteed for processing until the following month. **Exception: November 30 is the deadline for the December MONTHLY payroll.** The deadline for biweekly direct deposit authorization forms is 8 days before each biweekly payday.
Employees who participate in direct deposit will receive on their normal pay date, a statement (not a bank deposit ticket) of the deposit made on their behalf, together with their check stub. In the event this agreement is incomplete, incorrectly prepared, or unsigned, the employee will be notified and required to complete and execute a new agreement.

My signature attests to my agreement with the terms and conditions stated above.

SIGNATURE _____

DATE _____

Mail, fax, or hand deliver to address above.