

# Direct Deposit Authorization

**Instructions:**

1. Fill in the following form electronically. If you do not see editable fields when viewing in your browser, download and complete the form in Adobe Acrobat.
2. Print the completed form using File > Print. (**Note:** The completed file should not be saved; you must print to retain a copy.)
3. Reset the form using the "Reset Form" button in the upper right corner to protect your personal information.
4. Sign and date the completed form in the space provided.
5. Depending on the type of account you selected, please include one of the following:
  - a. Checking account or Share Draft account – a **voided** check drawn on the account.
  - b. Savings account – a savings deposit slip from your financial institution for the account. Ensure that the deposit slip contains a valid bank routing number.
6. Have your payroll department fax the completed form and the requested items from step 5 to FMS Customer Service.

Name (Last, First, Middle Initial): \_\_\_\_\_

IU Employee ID: | | | | | | | | | |

Last 4 digits of your SSN: | X | X | X | - | X | X | - | | | |  
(New IU employees only)

<input type="checkbox"/> <b>START</b> depositing my net earnings on all payroll payments into my checking or savings account(s) as indicated below.	<input type="checkbox"/> <b>CHANGE</b> my bank(s) and checking and/or savings account number(s) as shown below to update my current direct deposit information.
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**Note:** You may designate direct deposit by either percent or amount, but not both. This direct deposit information will be used to distribute ALL payroll payments from IU. You may allocate portions of your paycheck to separate accounts, but the entirety of your paycheck must have a designated destination.

Checking   
Savings

1) Name of Financial Institution: \_\_\_\_\_

Bank (ABA) Routing No: | | | | | | | | | | Account Number: | | | | | | | | | | | | | | | | | | |

Amount   
Percent

Amount or Percentage to Deposit: \_\_\_\_\_

Deposit the remaining amount or remaining percentage, if any, into the following financial institution: \_\_\_\_\_

Checking   
Savings

2) Name of Financial Institution: \_\_\_\_\_

Bank (ABA) Routing No: | | | | | | | | | | Account Number: | | | | | | | | | | | | | | | | | | |

I authorize Indiana University to deposit my payroll earnings directly into the account(s) I designated and, if necessary, to initiate reversals in order to correct deposits made in error. I certify that I am the owner, or joint owner, of the account(s) designated and am entitled to provide this authorization. I acknowledge that the origination of direct deposit transactions to my account must comply with the provisions of U.S. law.

I understand that this authorization will remain in effect until I change the information provided or request termination in writing at least five business days prior to the effective termination date. If I change or terminate my account(s) without notifying IU Payroll in writing, I understand my pay may be delayed. This authorization will be automatically discontinued two years following my termination of all employment with IU.

I agree to the above terms and conditions with my signature below.

Signature: \_\_\_\_\_ Date: | | | - | | | - | | | |

Campus Phone Number: | | | | - | | | | - | | | |