UNIVERSITY OF FLORIDA DIRECT DEPOSIT AUTHORIZATION			PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS All boxes must be completed; <u>do NOT</u> leave any information blank.	
FO	RM	Clear		
FOR ONE BANK ACCOUNT		This form will <u>CREATE</u> a direct deposit for wage payments received by you from the University of Florida.		
PLEASE TYPE OR PRINT CLEARLY				
This form is for use by University of Florida new employees ONLY who are unable to complete the New Hire process through GatorStart System. Submit this form along with a voided imprinted check**** with your completed hiring packet to your hiring department			If you want your wage payments to be deposited to more than one account, wait until this initial set up is done and then you can go to My Self Service>Payroll and Compensation>Direct Deposit in myUFL and add up to 2	
This form will not be processed without your UF ID#.			 additional accounts. You do not need to submit a new form when changing departments/positions within the University. AGREEMENT I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. Direct deposit data remains active until one year after separation of employment or until changed by: (a) me in myUFL's My Self Service; (b) my death or legal incapacity; (c) the financial institution or; (d) the University of Florida. 	
UF ID#				
Last Name				
First Name M.I.				
Local Mailing Address (Number, Street, Apt #)				
City				
State Zip Code				
Telephone ()				
Email Address			I understand that I am required to change my direct deposit	
			information with the University of Florida before I close my bank account. Upon termination of my University of Florida	
Account Type (Check only one)	Savings		employment, I understand that I am to maintain my bank account until all final payments are received.	
Account	Number			
			****A voided personal check (or bank statement) that includes your imprinted name or correspondence from your financial institution that includes the account holder's name, account number, and routing number must be attached here for account verification.	
Transit Routing Number of Your Financial Institution				
Name of Your Financial Institution			Do <u>not</u> attach a deposit slip. Forms with deposit slips attached will be rejected since the banking codes are not valid for direct deposit.	
Telephone Number of Your Financial Institution				
Employee's Signature			Special Note: If you need assistance or have questions about your direct deposit, please call University Payroll & Tax Services at (352) 392-1231.	
Date				
THIS FORM MUST BE SIGNED AND DATED BY EMPLOYEE Signature above signifies acceptance of the terms and conditions in the AGREEMENT to the right.			Employees should make their own edits - For Future Edits/Changes see website instructions at http://www.fa.ufl.edu/departments/payroll-tax-	
			services/direct-deposit/	