



Direct Deposit is a condition of employment for UCF employees. The UCF Direct Deposit Authorization (DDA) form will start or change deposits for all payments received from UCF Payroll Services. Employees have the choice to deposit earnings in up to three accounts and in up to three financial institutions.

Notice: If you receive your payroll via direct deposit at a U.S. financial institution and then have all or part of the payroll amount forwarded to a financial institution in another country, please check the appropriate box on the Direct Deposit Authorization Form or notify Payroll. This will not impact your paycheck.

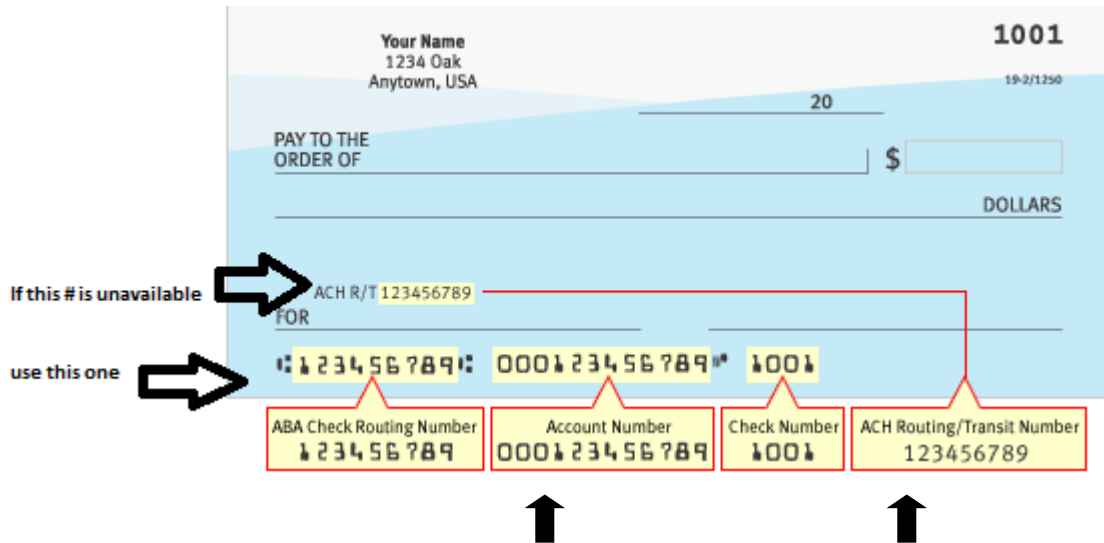
Name: Please be sure that the name used on the DDA form matches the name on your financial institution(s)' account and the name on your Social Security card. Many financial institutions will not post funds if the name on the account does not match the name on the direct deposit file submitted by UCF. UCF must use the legal name on the employee's Social Security card for W-4 and Direct Deposit records. To change the legal name on a UCF employment file, a copy of the new Social Security card and an updated Personal Data Sheet must be submitted to the UCF Records section of Human Resources.

Account Number(s): Please make sure the account number(s) written on this form are correct. If you are unsure, please contact the applicable financial institution.

Transit Routing Number(s): This is the nine-digit number that identifies the financial institution (bank, savings and loan or credit union). It is found in the bottom left hand corner of personal checks for Direct Deposit(s) into checking accounts. Savings account transit routing numbers should be verified with the financial institution(s) because the banking codes are not correct on deposit slips. If the transit routing number(s) are incorrect, funds will not be posted to account(s). If you are unsure, please contact the applicable financial institution.

Enroll in Direct Deposit Today!

Fill out the Direct Deposit form and return it to UCF Payroll Services. The following shows where to find the routing and account numbers on your check:





UNIVERSITY OF CENTRAL FLORIDA

INCLUDE A VOIDED PERSONAL CHECK(S) WITH DDA FORM FOR CHECKING ACCOUNT VERIFICATION. FOR SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S).

BANKING CODES ON DEPOSIT SLIPS ARE NOT ACCURATE FOR DIRECT DEPOSIT PURPOSES.

Employee ID _____		
Last Name _____	First Name _____	M.I. _____
Pay will be forwarded to an international bank (required by IAT) <input type="checkbox"/> Yes <input type="checkbox"/> No		
DIRECT DEPOSIT #1		
If choosing one banking option, provide banking information and check the "Full Deposit" box. If choosing 2 or 3 additional banking options, provide banking information and enter the partial amount.		
Name of Financial Institution _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank phone number _____	Partial Amount \$ _____	<input type="checkbox"/> Full Deposit
Transit Routing Number _____	Account Number _____	
DIRECT DEPOSIT #2		
If choosing 2 banking options, provide banking information and check "Balance" box. If choosing 3 banking options, provide banking information and enter the partial amount.		
Name of Financial Institution _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank phone number _____	Partial Amount \$ _____	<input type="checkbox"/> Balance
Transit Routing Number _____	Account Number _____	
DIRECT DEPOSIT #3		
If choosing 3 banking options, provide banking information and check "Balance" box.		
Name of Financial Institution _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank phone number _____		<input type="checkbox"/> Balance
Transit Routing Number _____	Account Number _____	
AGREEMENT		
By signing below, I hereby authorize the University of Central Florida (UCF) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institution(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by: (a) me in writing with sufficient notice to UCF to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial institution(s), (d) UCF. I certify the banking information provided on this form has been verified by me prior to signing below.		
The University of Central Florida will not be responsible for any loss that may arise solely by reason of error, mistake, or fraud on information provided on this Electronic Payment Authorization form.		
Special Note: Please make sure Direct Deposit(s) are changed and in effect before closing your account(s). Otherwise, the funds will be returned to UCF and cause a 7-10 day delay before a replacement payment can be issued.		
Employee signature _____		Date _____
<p>THIS FORM MUST BE SIGNED AND DATED BY PAYEE.</p> <p>Signature above signifies acceptance of the terms and conditions in the AGREEMENT.</p>		