

## Direct Deposit

Please Read Carefully and Follow Instructions

**The University of Central Florida (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.**

**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 W-4 form must be submitted to the UCF Payroll Services section of Human Resources.

**Direct Deposit Action Requested:**

1. Check **Start** to begin direct deposit for the first time.
2. Check **Change** if direct deposit is established and an addition or change of financial institution(s) and/or account(s) is desired.

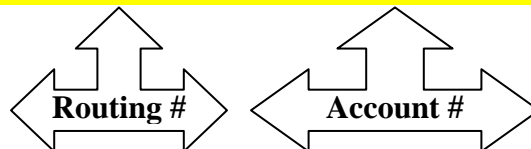
**Account Number(s):** Please make sure the account number(s) written on this form are correct. If you are unsure, PLEASE CONTACT THE APPLICABLE FINANCIAL INSTITUTION.

**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 below and return it to UCF Payroll Services, or e-mail [payroll@mail.ucf.edu](mailto:payroll@mail.ucf.edu) for more information. The following shows where to find the routing and account numbers on your check:

**I:123456789I: 0000005555555555 101**



In this example, the transit routing number is 123456789 and the account number is 0000005555555555.



## UNIVERSITY OF CENTRAL FLORIDA DIRECT DEPOSIT AUTHORIZATION FORM

**INCLUDE A VOIDED PERSONAL CHECK(S)** WITH DDA FORM FOR VERIFICATION. FOR SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S). MONEY MARKET ACCOUNTS WILL NOT BE ACCEPTED.

**FORMS WITH DEPOSIT SLIPS ATTACHED WILL BE REJECTED; THE BANKING CODES ARE NOT CORRECT.**

Employee ID _____		Campus Phone # _____	
Last Name _____		First Name _____	M.I. _____
Address (Number, Street) _____			
City _____		State _____	Zip Code _____
Action Requested (Check Only One)		<input type="checkbox"/> Start	<input type="checkbox"/> Change
<b>DIRECT DEPOSIT #1</b>			
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 _____	
<b>DIRECT DEPOSIT #2</b>			
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 _____	
<b>DIRECT DEPOSIT #3</b>			
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 _____	
<b>AGREEMENT</b>			
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.			
<b>Special Note:</b> Please make sure Direct Deposit(s) are changed and in effect <b>before</b> 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.			
Print Name _____			
Employee signature _____		Date _____	