

**Limestone University  
Direct Deposit Authorization or Change Form**

- Please complete this form and return it to the Human Resources department.
- Be sure **to include a voided (Cancelled) check from your checking account and/or a deposit slip for your savings account, whichever is applicable.** The details from the check / deposit slip will be used to verify the account details. The Federal Reserve requires a pre note period to verify the accuracy of the account information which will take one pay cycle.
- You also have the option to deposit a part of your net pay into a secondary account, such as a savings or credit union account. Please specify the dollar amount from your net pay that should be deposited in your secondary account.

<b>Name:</b>	<b>Your Bank / Financial Institution:</b>
<b>Social Security Number:</b>	<b>City/State</b>

<p><b>Primary Account Number</b> _____</p> <p><b>Transit ABA or Routing Number</b> _____</p> <p style="text-align: center;"><b>Please check the applicable option:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>	<p><b>Secondary Account Number</b> _____</p> <p><b>Transit ABA or Routing Number</b> _____</p> <p><b>Dollar Amount \$</b> _____</p> <p style="text-align: center;"><b>Please check the applicable option:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>
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I authorize the deposit of my payroll check each pay date to the financial institution indicated above. I further agree to the following conditions:

1. This authorization will remain in effect until termination of my employment.
2. Limestone University reserves the right to recall or adjust any deposit improperly created and deposited to my account.
3. I absolve the University from any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.
4. I accept the fees which the University may incur if my funds are returned due to a change in account number/information for which I did not notify the University in a timely manner.

I authorize a change in the Financial Institution/ Account Number

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Attach Voided Check Here**

# For Example Only

Jane A. Doe  
1000 Main St.  
Anywhere, USA 10001

Date \_\_\_\_\_

3680

PAY TO THE  
ORDER OF \_\_\_\_\_ \$

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_ X \_\_\_\_\_

⑆ 123456789 ⑆ 11484620040 ⑆ 3680

Transit/ABA No.

Account No.