



**Direct Deposit Authorization**  
 Payroll Office  
 Administration Building - Rm. 215  
 Pittsburgh, PA 15282  
 (412)396-6579

**Please Print**

Check one of the following:				
<input checked="" type="checkbox"/> <b>Start</b>		<input type="checkbox"/> <b>Change</b>		
Name (Last, First, Middle Initial)			Last 4 Digits of Social Security Number	
Home Address:	Street	City	State	Zip Code
Please use the address the bank has on file for you				
You may choose to deposit your pay in more than one account. Please complete the fields below and contact the Payroll Office if you wish to use additional accounts. <small>*Note: Not needed if providing a voided check</small>				
1. Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)				
Your bank name				
Type of Account		*Check all if not splitting paycheck		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		Amount \$ _____ All <input type="checkbox"/>		
Transit Routing Number (Must be 9 digits)		Account Number		
2. Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)				
Optional second account bank name				
Type of Account		Amount \$ _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<small>You may put "remaining" as a deposit amount, if previous account has a specified deposit value</small>		
Transit Routing Number (Must be 9 digits)		Account Number		
I authorize Duquesne University to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the University to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement. This authorization is to remain in full force and effect until the University has received written notice from me of its termination in such time and in such manner as to afford the University a reasonable opportunity to act on it.				
Date (mo/day/yr)	Employee Signature	Daytime Phone Number Local/Cell		

Your Name 123 Your Street Your Town, PA 12345	1234
Pay to the Order of _____ \$ _____	Dollars
<b>YOUR BANK</b>	
For _____	
⑆ 123456789 ⑆ 123456789101 ⑆ 1234	

Routing No.      Account No.      Check No.

Simply copy the information from your check or attach a voided copy to this form. If you do not have paper checks, please contact the Payroll Office for Instructions (412) 396-6579.

The Payroll Department will make every effort to accurately and timely process the above information. The employee is responsible for validating his/her pay stub.