



Direct Deposit Authorization

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

- optional

Please Print

Check one of the following:

Start Change

Name (Last, First, Middle Initial) Last 4 Digits of Social Security Number

Home Address: Street City State Zip Code

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.

1. Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account Checking Savings Amount \$ _____ All

Transit Routing Number (Must be 9 digits) Account Number

2. Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account Checking Savings Amount \$ _____

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

Your Name 1234
123 Your Street
Your Town, PA 12345

Pay to the Order of _____ \$ _____ Dollars

YOUR BANK

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.