

Direct Deposit Authorization

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

Please Print		(+12)000 0010			
Check one of the following			-		
	Start		☐ Change		
Name (Last, First, Middle I	nitial)		Last 4 Digits of Social Security Number		
Home Address:	Street	City	State	Zip Code	
	eposit your pay in more that se additional accounts.	n one account. Please co	mplete the fields below	and contact the Payroll	
Financial Institution Nan	ne (Bank, Savings Institution, Cre	dit Union, etc.)			
Type of Account					
☐ Checking ☐] Savings	A	mount \$	All 🗆	
Transit Routing Number (Must be 9 digits)		Account Nur	nber		
2. Financial Institution Nan	ne (Bank, Savings Institution, Cre	dit Union, etc.)			
Type of Account Checking] Savings	A	mount \$		
Transit Routing Number (M	Aust be 9 digits)	Account Nun	Account Number		
deposited in my account, I a new authorization agreemer in such time and in such ma	rsity to direct deposit funds to my a nuthorize the University to initiate a nt. This authorization is to remain in noner as to afford the University a re	correcting (debit) entry. If any of full force and effect until the Uni	the above information change versity has received written no	es, I will promptly complete a otice from me of its termination	
Date (mo/day/yr)	Employee Signature		Daytime	Phone Number	

four Name 123 Your Street four Town, PA 12345	123
Pay to the Order of	\$
	Dollar
YOUR BANK	

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.