



THE UNIVERSITY OF IOWA
Authorization for PAYROLL and BENEFITS Direct Deposit

The Benefits and Payroll Offices automatically transfer electronically your net earnings on all payrolls and payments for flexible benefits spending accounts to the financial institution of your choice, anywhere in the United States. Please use this form to specify the account(s) of your choice. This authority remains in effect until written notice is given to cancel/stop. To activate this authorization request, you must sign in the signature box at the bottom of the form.

University ID _____ Name _____

Effective Date, if other than as soon as possible. _____

The "START" authorization is for: PAYROLL/BENEFITS

START depositing earnings, payments, and reimbursements into my checking or savings account as indicated. Adjusting entries to correct errors are also authorized.

Attach preprinted, voided check, which provides your bank routing and account numbers, to this form to identify account for selection(s) or fill out the information as indicated. →

My account is: **SAVINGS** **CHECKING**

If you wish to deposit to an account and you have not been provided any preprinted forms, fill in the information below:

Name of Bank _____
 Bank Routing Number (ABA#) _____
 Account Number _____

Attach Check Here

The "CHANGE" authorization is for: PAYROLL BENEFITS (check all that apply)

CHANGE direct deposit for my earnings, payments, and reimbursements to the account number and bank as indicated.

My account is: **SAVINGS** **CHECKING**

If you wish to deposit to an account and you have not been provided any preprinted forms, fill in the information below:

Name of Bank _____
 Bank Routing Number (ABA#) _____
 Account Number _____

Attach Check Here

The "STOP" authorization is for: PAYROLL BENEFITS (check all that apply)

STOP depositing my earnings, payments, and reimbursements.

My account is: **SAVINGS** **CHECKING**

If you wish to deposit to an account and you have not been provided any preprinted forms, fill in the information below:

Name of Bank _____
 Bank Routing Number (ABA#) _____
 Account Number _____

Attach Check Here

SIGNATURE: _____

***To activate this authorization request, you must sign the form in the signature box above.

Return the completed form to Payroll, 120-30 USB.

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