



Finance

This form will not be processed until the Payroll Office is able to verify the change through the individuals UR email address or phone number on record in HRMS. Use this form to enroll in direct deposit, change accounts or cancel accounts. Individuals may also set up direct deposit in HRMS self-service. To login to HRMS, go to www.rochester.edu/, select Self Service, Payroll and Compensation, Direct Deposit.

Section I: EMPLOYEE INFORMATION- All FIELDS ARE REQUIRED

Table with 4 columns: Last Name, First Name, Empl ID #, Contact Phone #

Section II: ACCOUNT INFORMATION-IF MORE THAN 3 ACCOUNTS USE ADDITIONAL FORM

Table with 7 columns: Select Account Type, New or Additional Account, Change Amount or Percentage, Cancel, Routing Number, Account Number, Circle One & Indicate Amount, Percentage

Section III: ACCOUNT DOCUMENTATION- Bank must be located in the United States

One of the following is required to process this enrollment (check one):

- Voided check, Bank letter or specification sheet

Section IV: CONSENT & AUTHORIZATION

In signing this form, I authorize my wage payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The authority is to remain in full force and effect until the Payroll Office has received written notification from me of its termination in such time and in such manner as to afford the University of Rochester a reasonable opportunity to act on it. I also understand that the University of Rochester will cancel direct deposit within 60 days in the event I separate from service. Further, I agree not to hold the University of Rochester responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

In the event that University deposits funds erroneously into my account, I authorize the University of Rochester to debit my account for amount not to exceed the original amount of the erroneous credit. If there are any changes, the employee must complete a new form.

Employee's Signature: _____

Date: _____

RETURN THIS FORM TO:

University of Rochester
Payroll Office
Box 278893
Rochester, NY 14627-8893

Payroll Use Only

Table with 2 columns: How Received (Mail, Email, Drop-Off, Fax), How Verified (UR Email address, UR Phone #, Drop Off with Picture ID)