## **Fordham University Payroll Direct Deposit Form**



Please return completed form to Payroll Department, Faculty Memorial Hall (FMH) Rm 519B.

Instructions: Please staple a voided check from your checking account and/or transcript from your bank with your savings account information. The transcript will provide information required to set up direct deposit transactions. Unfortunately we are unable to process forms with missing required information. Employees receiving direct deposit will view their pay stub advice through My Information; located under the Employee tab on My.Fordham.edu. If you wish to opt out of receiving electronic advices and prefer to receive a paper stub, please visit the AccessHR channel on the University portal and select the opt For certified printed copies of pay advices please e-mail payrollinfo@fordham.edu.

An employee selecting Direct Deposit must maintain one active account at 100% at all times. Employees are not allowed to have a "live check and direct deposit" in the same pay period.

Please check one of the box	es listed below:					
Start Direct Deposi	t Stop Direct I	eposit	Change Ba	ank(s)	Change Account(s)	
All fields are required	_		_			
Employee Name:						
Fordham ID No:						
Email:						
Contact Number:						
Checking Account Information Employees are eligible to have up to two checking accounts						
Bank Name 1		Bank I	Bank Name 2			
Routing No. 1	ing No. 1		g No. 2			
Account No. 1	No. 1		nt No. 2			
Percentage to be Deposited:		Percer	Percentage to be Deposited:			
Savings Account Information Employees are eligible to have up to two savings accounts						
Bank Name 1	k Name 1		Name 2			
Routing No. 1		Routin	g No. 2			
Account No. 1		Accou	nt No. 2			
Percentage to be Deposited:		Percer	Percentage to be Deposited:			
Attach Voided Check or Bank Transcript Here						
	YOUR NAME (9)-9)			1026		
	Your Town, CA 12345		99-9/999 XX 999			
	Pay to the Order of \$			DOLLARS		
	YourBank !!					
For						
ABA or Bank Account Check Number —						
Number Number						
not entitled are deposited, I authorize my bank to honor my employer's instructions to refund any amount it has deposited to my account. This authorization will remain in effect until I have cancelled it in writing. I understand that this request will take approximately 2 pay periods from the date of receipt by the Fordham University Payroll Department. Upon termination of employment with the University, all direct deposits will cease and future payments will be in						
Employee Signature:	opon termination of empi	yment with the Offive	and unect t	Date:	cease and ruture payments win be in	
To be completed by Payroll Dep	artment Only:					
Verified By: Date:						
Payroll Signature						