

Employee Signature\_

## **Direct Deposit Authorization Agreement**

Emory University employees can update their direct deposit information via People Soft Employee Self Service. Go to <a href="https://psofthr.cc.emory.edu">https://psofthr.cc.emory.edu</a>. If you submit your direct deposit via Employee Self Service you do not need to complete the Direct Deposit Authorization Agreement. Employees that complete this form will access their pay advices via Employee Self Service. Employees requiring a paper pay advice can submit their request online or in writing.

Self Service. Employees i	equiling a paper pay advice can submit to	nen request omme	or in writing.	
EMPLOYEE NAME (Please Print):		EMPLOYE	EMPLOYEE ID OR SSN:	
INSTRUCTIONS  1. PLEASE PRINT ALL INFORMATION LEGIBLY.		E 2 1	Prop off form IN PERSON at: Emory University Payroll and Floor 599 Clifton Road Atlanta, GA 30322	
<ol> <li>Validate the routing of the state of the sta</li></ol>	number and account number on your check of not have checks or deposit slips, you may so, your account number and the bank routing ck if you designate a checking account. DO posit slip if you designate a savings account. Be the form and return it to Payroll Office IN Play period for this to become effective. account changes or account closings.	ubmit a letter from younder. NOT ATTACH A DE	our bank with the bank name, bank	
I would like to: Check ONLY one: SET U	IP A <u>NEW</u> DIRECT DEPOSIT to the account(s) list	ted below.		
	ge Account Information (Fill in every line below to	•	• •	
BANK INFORMATION The Balance/Net Pay Accou	Direct Deposit (Enter the account information below ant is your main account. If you have multiple inbursements, it will be deposited to this account.	e accounts, the balar	nce of your net pay will be deposited	
1. Bank Name:	Routing #: 9 digits	Checking (attach voided cheor	eck)  Balance/Net Pay Account	
2. Bank Name:	Routing #: 9 digits  Account #:	Checking (attach voided cheor	eck) Fixed amount: \$	
3. Bank Name:		Checking	Percentage:%  Fixed amount: \$	
	Routing #: 9 digits  Account #:	(attach voided che		
deposited to my account(s), I au I understand that it is my respor overdrafts for any reason. I und	deposit my net pay via direct deposit to my account thorize the University to direct the financial institut asibility to verify that payments have been credited derstand that, in the event that my financial institution, the University cannot issue the funds to me until	to my account(s) and the on(s) is/are not able to	nds. hat the University assumes no liability for deposit any electronic transfer into my	

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify the Payroll Office before I close any/all account(s) listed above while this authorization is in effect.

Date\_