

BALDWIN WALLACE UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION FORM

- The account must be established and active at your bank before you request DIRECT DEPOSIT.
- Confirm that the bank accepts DIRECT DEPOSITS and VERIFY the TRANSIT ROUTING AND ACCOUNT NUMBERS.
- After you receive your first direct deposit, register on the ADP ipay site, so you can obtain your earnings statements each pay plus your W2 at the end of the year. <https://www.ipay.adp.com>

PLEASE CHECK THE APPROPRIATE BOX AND COMPLETE:

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A NEW ACCOUNT (Please complete **A** through **D** below)

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A NEW ACCOUNT TO REPLACE AN EXISTING DIRECT DEPOSIT (Please complete **A** through **D** below)

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STOP DIRECT DEPOSIT **Payroll must cancel Direct Deposit before you cancel the account.**

A) BANK NAME: _____

B) BANK TRANSIT ROUTING NUMBER: _____
(MUST BE 9 DIGITS)

C) BANK ACCOUNT NUMBER: _____

D) CHECKING ☐ OR SAVINGS ☐

Please return completed form to Payroll Services

Please include a copy of a voided check OR secure the routing and account number from your banking institution.

I authorize BW and the banking institution listed above to deposit my net pay into my account each pay.
If funds to which I am not entitled are deposited to my account, I authorize BW to direct the banking institution to return said funds to BW

I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher. I further understand it is my responsibility to verify that funds have been directly deposited into my account prior to expending funds and to let Payroll know, if I have cancelled/changed accounts.

SIGNATURE _____

SIGNATURE: _____
(IF JOINT ACCOUNT, BOTH PARTIES MUST SIGN)

NAME (PRINT) _____

COLLEAGUE NUMBER _____

DATE: _____

HR USE ONLY

MONTHLY ☐

BI-WEEKLY ☐