

# INDIANA TECH

## DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS For payroll and expense reimbursement

Participation in the Direct Deposit Program is required for payroll and expense reimbursement by Indiana Tech. The first payroll check will always go through a “prenote period” (to validate the banking information); thus an actual check will be issued for the first payroll. An expense reimbursement will be made by direct deposit only.

### Complete on-line or complete manually

To complete the form on line; complete the applicable sections, print the form, and then sign it. To complete the form manually, print the form, complete the applicable sections and then sign it.

### Completing the Form

**Part 1** must be completed by **all employees**.

**Part 2** must be completed by **all employees**. This is the only account that will be used for the direct deposit of an expense reimbursement or for the direct deposit of a student’s payroll.

**Part 3 - Optional.** Complete the bank information for one or two additional accounts. This information will be used for a payroll deposit for faculty/staff (students do not qualify for this option) to an account(s) in addition to the one listed in Part 2. A payroll deposit may be distributed to a maximum of 3 (three) accounts. These may be at multiple banks and/or multiple accounts within a bank.

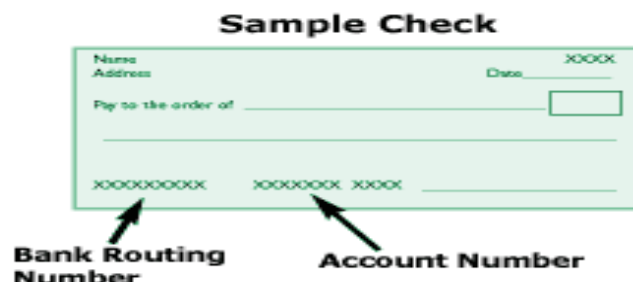
**Attachments are required.** A voided check that matches the information on the form must be attached for all new enrollments or changes of financial institutions or accounts. For savings accounts, verify the routing number with your financial institution. Missing attachments may cause delays to the process. Changes to amounts or the cancellation of an account does not require attachments.

### Changes to Direct Deposit

A new Direct Deposit Authorization Form along with applicable attachments must be submitted to Payroll if an account is closed or if there is a change of the bank or the account number to which the deposit is to be transmitted. It is the responsibility of the employee to submit the change at least 7 (seven) business days prior to a payday. In the event the financial institution (s) is not able to deposit an electronic transfer due to an action taken by the employee, Indiana Tech cannot issue the funds until the funds are returned to the University by the financial institution (s). A manual check or a direct deposit will be prepared within five business days after the funds have been returned.

### Submit the Form

Be sure to sign the form. Send the completed Direct Deposit Authorization Form along with applicable attachment (s) to the attention of the Payroll Department at Indiana Tech, 1600 East Washington Blvd., Fort Wayne, IN 46803.



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## DIRECT DEPOSIT AUTHORIZATION FORM For payroll and expense reimbursement

### Part 1 REQUIRED - EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Email address: \_\_\_\_\_

I authorize Indiana Tech to credit to the account (s) stated below. I authorize Indiana Tech to debit entries as may be necessary to correct erroneous credit entries. This authorization is to remain in force and effective until Indiana Tech receives written notification from me of its termination/change in such time and manner as to afford Indiana Tech reasonable opportunity to act on it.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### Primary Account (net amount)

### Part 2 REQUIRED - EMPLOYEE BANK INFORMATION – DIRECT DEPOSIT TO PRIMARY ACCOUNT

Check one

Type of Account (Check One)

New

Change

Checking

Savings

Bank 1 Name \_\_\_\_\_

Routing # \_\_\_\_\_ (9 digits)

Account # \_\_\_\_\_

### Part 3 OPTIONAL - EMPLOYEE BANK INFORMATION – DIRECT DEPOSIT TO ADDITIONAL ACCOUNTS FOR FACULTY/STAFF PAYROLL ONLY– SPECIFY FIXED AMOUNT

Check one

Type of Account (Check One)

New

Change

Checking

Savings

Bank 2 Name \_\_\_\_\_

Routing # \_\_\_\_\_ (9 digits)

Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check one

Type of Account (Check One)

New

Change

Checking

Savings

Bank 3 Name \_\_\_\_\_

Routing # \_\_\_\_\_ (9 digits)

Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**SUBMIT** this completed form AND a voided check for each checking account listed to: Attention: Payroll, Indiana Tech, 1600 East Washington Blvd, Fort Wayne, IN 46803