

# Direct Deposit (Flat Amount)

Please attach a voided check or verification of account and routing number of your financial institution. **A deposit slip is insufficient documentation.**

This authorization form can be returned through campus mail to the Payroll Department (M/S 122) or submitted in person at the Payroll Office, room 102, Ross Hall, University of Nevada, Reno Campus. It is recommended that **you** contact your bank to verify that the direct deposit is in your account each payday.

## Authorization of Flat Amount Direct Deposit

Name (Please Print) \_\_\_\_\_ I.D.# \_\_\_\_\_

Campus \_\_\_\_\_ Dept. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Amount per Payday \$ \_\_\_\_\_

I here by authorize my employer to initiate credit entries and if necessary debit entries and adjustments for any credit entries in error to the account indicated by me and the depository to credit and /or debit the same to such account.

Bank Rt. \_\_\_\_\_ Acct. # \_\_\_\_\_

Paperless Notification? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' please provide email address: \_\_\_\_\_

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

----- cut here -----

## Flat Amount Direct Deposit Stop

Name (Please Print) \_\_\_\_\_ Dept. \_\_\_\_\_

I.D. # \_\_\_\_\_ Eff. Date \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution \_\_\_\_\_ Acct # \_\_\_\_\_

I hereby authorize my employer to STOP entries into the account indicated above.

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

# Direct Deposit

Please attach a voided check or verification of account and routing number of your financial institution.  
**A deposit slip is insufficient documentation.**

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## Direct Deposit Request

Name (Please Print) \_\_\_\_\_ I.D.# \_\_\_\_\_

Campus \_\_\_\_\_ Dept. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Transit # \_\_\_\_\_ Acct. # \_\_\_\_\_

I here by authorize my employer to initiate credit entries and if necessary debit entries and adjustments for any credit entries in error to the account indicated by me and the depository to credit and/or debit the same to such account.

Paperless Notification? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' please provide email address: \_\_\_\_\_

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

----- CUT here -----

## Direct Deposit Stop

Name (Please Print) \_\_\_\_\_ Dept. \_\_\_\_\_

I.D. # \_\_\_\_\_ Eff. Date \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution \_\_\_\_\_ Acct # \_\_\_\_\_

I hereby authorize my employer to STOP entries into the account indicated above.

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