

UNIVERSITY OF LOUISVILLE
REQUEST FOR DIRECT DEPOSIT / PLASTIC PAY CHECK FORM

Note: All employees hired after January 1, 2001 must have their net pay electronically deposited as a condition of continued employment.

(A VOIDED CHECK FROM THIS ACCOUNT OR BANK CERTIFICATION SHOULD BE INCLUDED WITH THIS REQUEST)

Employee Information

First Name: MI: Last Name:
Email Address: Phone Number:
Employee ID: Social Security #:

****Employee ID or Social Security Number required.****

Direct Deposit - see back of form for bank number and routing information

Primary Account: (Balance deposited after other deposit options)

Bank Name: Start Direct Deposit Change
Bank Address: No Change Stop
Account #: Checking Savings
Routing #:

****Required - Select Checking or Savings****

I prefer to get a plastic pay card rather than Direct Deposit

Set Account Amount(s):

If you have more than 3 accounts, please complete an additional form.

Bank Name: Start Direct Deposit Change
Bank Address: No Change Stop
Account #: Checking Savings
Routing #: ****Required - Select Checking or Savings****
Dollar Amount:

Bank Name: Start Direct Deposit Change
Bank Address: No Change Stop
Account #: Checking Savings
Routing #: ****Required - Select Checking or Savings****
Dollar Amount:

The information supplied here will replace any other Direct Deposit information that may already exist in the Payroll files.

I authorize the Treasurer of University of Louisville to direct deposit all payments to me, from the University Payroll or Accounts Payable Office, into my account in the financial institution named above. This authorization will remain in effect until I submit a new form or forms changing this authorization.

Employee Signature _____ Signature Required _____ Date _____

Return in person the completed form to Payroll Services:
2215 S Brook Street, Room 223, Louisville, KY Phone: (502) 852-2978,

Please refer to the example below to find the bank routing and account number on your check .

Below is a sample check detailing where the information necessary to complete this form can be found.

DO NOT use numbers from a deposit slip or a debit card number.

NAME 0123
ADDRESS
CITY, STATE ZIP 01-23456789

DATE _____

PAY TO THE ORDER OF _____ \$ []

BANK NAME _____ DOLLARS

FOR _____

⑆0 ⑆ 23456789⑆ 0 ⑆ 234567890 ⑆ 23⑆ 0 ⑆ 23

Bank Routing Number Bank Account Number Check Number

Date Activated

Payroll Use Only