

Reinstate Direct Deposit

Employee's Name _____

ID# _____

Biweekly ____ Monthly ____

****This employee's direct deposit information has been verified & the information has not changed. Please change the employee's direct deposit status to active.****

_____ Department

_____ Department Signature

Print Name & phone # _____

(Person that verified with the employee that their bank information is the same as the last time he/she was on Direct Deposit with UofL)

Employee's signature _____

Employee's Name (printed) _____

*****Please send to the Payroll Office via Campus mail or fax to 852-4674*****