FLORIDA GULF COAST UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION FORM

INCLUDE A VOIDED PERSONAL CHECK(S) WITH DDA FORM FOR VERIFICATION. FOR SAVINGS ACCOUNT(S), PLEASE VERIFY ACCOUNT AND TRANSIT ROUTING NUMBER(S) WITH YOUR FINANCIAL INSTITUTION(S). MONEY MARKET ACCOUNTS WILL NOT BE ACCEPTED.
YOU WILL RECEIVE AT LEAST ONE PAPER CHECK BEFORE DIRECT DEPOSIT BECOMES ACTIVE.
FORMS WITH DEPOSIT SLIPS ATTACHED WILL BE REJECTED; THE BANKING CODES ARE NOT CORRECT.

Employee ID	Campus Phone #	
Last Name	First Name	M.I.
Address (Number, Street)		
City	State	Zip Code
Action Requested (Check Only One) ☐Start ☐Change ☐Stop		

DIRECT DEPOSIT #1

If choosing one banking option, provide banking information and check the "Full Deposit" box. If choosing partial amount or percent for DD# 1, enter partial amount or percent and check balance box on DD # 2.

Name of Financial Institution _____ Account Type: ☐ Checking ☐ Savings

Transit Routing Number _____ Partial Amount $ _____ ☐ Full Deposit

Account Number _____ Percent _____ ☐ Balance

DIRECT DEPOSIT #2

If choosing partial amount or percent for DD# 2, enter partial amount or percent and check balance box on DD # 1.

Name of Financial Institution _____ Account Type: ☐ Checking ☐ Savings

Transit Routing Number _____ Partial Amount $ _____ ☐ Balance

Account Number _____ Percent _____

AGREEMENT

I hereby authorize and request Florida Gulf Coast University (FGCU) to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. This direct deposit is to remain in effect until withdrawal by: (a) me in writing with sufficient notice to FGCU to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) FGCU. **Special Note:** Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to FGCU and may cause a delay in payment.

Signature: _____ **Date:** _____

THIS FORM MUST BE SIGNED AND DATED
PLEASE ATTACH A VOIDED CHECK

Do not write below this line

☐PAYROLL ☐ACCOUNTS PAYABLE

Entered: _____ **Verified By:** _____
Initials Date Initials Date