

**BOSTON UNIVERSITY MEDICAL CAMPUS
PAYROLL DIRECT DEPOSIT AUTHORIZATION
MONTHLY PAID EMPLOYEES**

The University offers Direct Bank Deposits via electronic transmission through the Automated Clearing House (ACH) System. Some of the highlights of the ACH System are:

- 1) Improved accuracy of posting within the banking systems due to electronic processing
- 2) Timely delivery of the statement of earnings to the administrative department
- 3) Elimination of the possibility of lost, stolen, or forged checks

Please follow the directions below to take advantage of this service:

DIRECTIONS

- 1) Please PRINT or TYPE all requested information.
- 2) **ATTACH A VOIDED CHECK (OR PHOTOCOPY OF ONE) FROM YOUR BANK ACCOUNT. DO NOT SUBSTITUTE A DEPOSIT TICKET AS THIS DOES NOT HAVE THE NECESSARY BANK CODES NEEDED TO SET UP YOUR ACCOUNT.**
- 3) SIGN THE FORM.
- 4) RETURN DIRECTLY TO:

**Boston University Medical Campus
Payroll Office
715 Albany Street, 560
Boston, MA 02118**

NOTE: Direct Deposit will usually begin the same month this form is received by the Payroll Office **if received by the 10th of the month.** YOUR PAYCHECK STUB WILL CONTINUE TO BE SENT DIRECTLY TO YOUR DEPARTMENTAL ADDRESS. Please confirm all account information immediately upon receipt of your direct deposit advise. Any future changes to the information which you complete below must be submitted **in writing** to the Payroll Office.

NAME: _____ EMPLOYEE NUMBER: _____ **U** _____
TYPE OF EMPLOYEE: Faculty Staff

BANK--MAIN OFFICE (Name and Address): _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Checking Savings NOW

If you are changing your Direct Deposit Account, please indicate below:

OLD BANK NAME: _____

OLD ACCOUNT NUMBER: _____

I hereby authorize my employer, Boston University, to deposit the net amount of my paycheck at the above named bank. Boston University is also authorized to apply debit adjustments to correct any excess deposit made in error to my account. **I UNDERSTAND THAT THE DEPOSIT WILL NOT APPEAR IN MY ACCOUNT UNTIL PAYDAY (THE LAST BANKING DAY OF EACH MONTH).**

EMPLOYEE SIGNATURE: _____ DATE: _____

E-Mail Address : _____
(Required)