

**UNIVERSITY OF FLORIDA  
DIRECT DEPOSIT AUTHORIZATION  
FORM  
FOR ONE BANK ACCOUNT**

PLEASE TYPE OR PRINT CLEARLY

This form is for use by University of Florida new employees ONLY who are unable to complete the New Hire process through GatorStart System.

Submit this form along with a voided imprinted check\*\*\*\* with your completed hiring packet to your hiring department

**This form will not be processed without your UF ID#.**

**UF ID#**

Last Name

First Name M.I.

Local Mailing Address (Number, Street, Apt #)

City

State Zip Code

Telephone (        )

Email Address

Account Type <b>(Check only one)</b>	<input type="checkbox"/> Checking
	<input type="checkbox"/> Savings

Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution

Employee's Signature

Date

**THIS FORM MUST BE SIGNED AND DATED BY EMPLOYEE**  
Signature above signifies acceptance of the terms and conditions in the **AGREEMENT** to the right.

**PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS**  
All boxes must be completed;  
do NOT leave any information blank.

This form will **CREATE** a direct deposit for wage payments received by you from the University of Florida.

If you want your wage payments to be deposited to more than one account, wait until this initial set up is done and then you can go to **My Self Service>Payroll and Compensation>Direct Deposit** in myUFL and add up to 2 additional accounts.

You do not need to submit a new form when changing departments/positions within the University.

**AGREEMENT**

I hereby authorize and request the University of Florida 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. Direct deposit data remains active until one year after separation of employment or until changed by:

- (a) me in myUFL's My Self Service;
- (b) my death or legal incapacity;
- (c) the financial institution or;
- (d) the University of Florida.

I understand that I am required to change my direct deposit information with the University of Florida before I close my bank account. Upon termination of my University of Florida employment, I understand that I am to maintain my bank account until all final payments are received.

**\*\*\*\*A voided personal check that includes your imprinted name or correspondence from your financial institution that includes the account holder's name, account number, and routing number must be attached here for account verification.**

**Do not attach a deposit slip. Forms with deposit slips attached will be rejected since the banking codes are not valid for direct deposit.**

**Special Note:** If you need assistance or have questions about your direct deposit, please call University Payroll & Tax Services at (352) 392-1231.

**Employees should make their own edits -  
For Future Edits/Changes  
see website instructions at**

<http://www.fa.ufl.edu/departments/payroll-tax-services/direct-deposit/>