

**WESTERN CAROLINA
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS AND
ENROLLMENT AND CHANGE**

Bi-Weekly Payroll

Monthly Payroll

ENROLL me in direct deposit

BANNER I.D. #

FIRST NAME:

MI:

E-MAIL ADDRESS:

PHONE NUMBER:

NAME OF BANK OR FINANCIAL INSTITUTION:

Deposit to my **CHECKING** or **MONEY MARKET** account (my name is on this account)

Deposit to my **SAVINGS** account (my name is on this account)

I am ATTACHING (check one and STAPLE HERE)

a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address

a **CHECK** marked "**VOID**" with my preprinted name and current address

an official **BANK FORM**, certified and stamped by a banking official, which provides the bank routing number

****Deposit slips are not accepted****

Cancellation - I understand that I must establish a new bank account for my direct deposit

I authorize WCU and my bank to deposit my paycheck and/or reimbursements directly to the account I have designated. Deposits can be made to one banking institution only and in one account within the banking institution, either checking or savings accounts. Partial deposits will not be permitted; total amount paid must be correct. If the transmission fails because I have given incorrect or outdated information, WCU can only provide a refund to the original payee.

AFTER the University has received a refund from the financial institution (usually within 5 working days) It is important that you provide correct account and bank routing numbers, and that you notify the Payroll Office if you change banks or account numbers. Western Carolina University has the right to retract and correct

This completed form must be received in the Payroll Office no less than 15 days prior to your next pay for the direct deposit to be effective for the next payment.

I acknowledge that electronic payments to the designated account(s) must comply with the provisions and requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire payment amount is not transferred to a foreign bank account.

I authorize WCU to initiate direct deposit entries each pay period and/or for each reimbursement, and I understand and accept the conditions of participation in the direct deposit program. I understand that I will verify deposits on a pay period or reimbursement basis before writing checks against these funds and that I am responsible for bank errors or bank fees.

SIGNATURE:

**UNIVERSITY
ID EXPENSE REIMBURSEMENTS
REQUEST FORM**

Expense Reimbursements

| |
|---------------------------------|
| CHANGE my direct deposit |
| LAST NAME: |
| NUMBER: |

| |
|------------------------------------|
| count) |
| provides my account number and the |

| |
|------------------------------------|
| direct deposit to remain employed. |
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|---|
| listed above. . Deposits are limited to deposited. a replacement payment |
|---|

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roll Office **immediately**
ct payments, as necessary.

y date or reimbursement

of U.S. law, as well as the
subject to being

if necessary, adjustments for
tification document. I
it is my responsibility to
nat WCU is not responsible

DATE: