



# University of Pittsburgh

Payroll Department

207 P Craig Hall  
200 S. Craig Street  
Pittsburgh, PA 15260  
Phone: 412-624-8070  
Fax 412-624-8072

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS, EXPENSE REIMBURSEMENTS AND OTHER PAYMENTS

YOUR NAME  **LAST 4 DIGITS ONLY OF SOCIAL SECURITY NUMBER**

DEPARTMENT  PHONE

EFFECTIVE DATE  PAYCHECK FREQUENCY  MONTHLY  BIWEEKLY

I authorize and request the University of Pittsburgh to:

BEGIN  CHANGE  DISCONTINUE

DIRECT DEPOSIT of any amounts owed to me for net earnings, expense reimbursements or any other payments to ONE account in the bank or institution ("BANKING INSTITUTION") named below; and I authorize and request the BANKING INSTITUTION to accept the direct deposit authorization (and/or corrections to previously deposited amounts) as certified correct by the University for my account.

SELECT THE TYPE OF ACCOUNT TO BE CREDITED. ONLY **ONE** CAN BE SELECTED.  CHECKING  SAVINGS

PROVIDE YOUR ACCOUNT AND ROUTING INFORMATION USING **ONE** OF THE FOLLOWING OPTIONS:

**OPTION 1.** ATTACH A COPY OF A VOIDED CHECK OR OTHER OFFICIAL BANKING INSTITUTION CONFIRMATION OF YOUR ROUTING AND ACCOUNT INFORMATION.

**OPTION 2.** TYPE OR LEGIBLY PRINT YOUR ACCOUNT NUMBER, ROUTING NUMBER, AND BANKING INSTITUTION BELOW.

ACCOUNT NUMBER  ROUTING NUMBER   
**(must be 9 digits)**

BANKING INSTITUTION

**TERMS AND CONDITIONS**  
Deposits can be made in one banking institution only and in one account within the banking institution. Deposits are limited to either checking or savings accounts. Partial deposits will not be permitted; total net payment must be deposited. Monthly direct deposit authorization forms received in Payroll after the 15th of the month are not guaranteed for processing until the following month. **Exception: November 30 is the deadline for the December MONTHLY payroll.** The deadline for biweekly direct deposit authorization forms is 8 days before each biweekly payday. Pay statements are provided online or via paper copy depending on job classification. Visit the payroll web site for more information. In the event this agreement is incomplete, incorrectly prepared, or unsigned, the employee will be notified and required to complete and execute a new agreement.

My signature attests to my agreement with the terms and conditions stated above.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail, fax, or hand deliver to address above.