

UNIVERSITY OF VIRGINIA
POST-DOCTORAL FELLOW
DIRECT DEPOSIT AUTHORIZATION FORM

DEPARTMENT: _____ DEPARTMENTAL CONTACT NAME: _____

(DEPARTMENTAL NOTE: POST-DOCTORAL FELLOWS MUST BE ENTERED AS A SUPPLIER BY THE DEPARTMENTAL CONTACT.)

EMPLOYEE SUPPLIER NUMBER: _____

LAST NAME

FIRST NAME

PHONE NUMBER

E-MAIL ADDRESS

XXX-XX-____
LAST 4 OF SOCIAL SECURITY #

NAME OF BANKING INSTITUTION (US INSTITUTIONS ONLY)

ROUTING NUMBER

ACCOUNT TYPE (CHECK ONE) : ☐ CHECKING ☐ SAVING

I HAVE ESTABLISHED AN ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED ABOVE AND AUTHORIZE:

1. THE UNIVERSITY OF VIRGINIA TO DEPOSIT MY FUNDS VIA DIRECT DEPOSIT.
2. MY FINANCIAL INSTITUTION TO CREDIT MY ACCOUNT,
3. THE UNIVERSITY OF VIRGINIA TO INITIATE AND MY FINANCIAL INSTITUTION TO MAKE CORRECTIONS TO MY ACCOUNT FOR ANY DEPOSITS MADE IN ERROR.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL UPDATED DIRECT DEPOSIT INFORMATION IS RECEIVED. I WILL PROVIDE AT LEAST TWO (2) WEEKS NOTICE TO THE UNIVERSITY PAYROLL DIVISION IF I CHANGE MY ACCOUNT OR CHANGE MY FINANCIAL INSTITUTION.

SIGNATURE

DATE

MANDATORY – ATTACH VOIDED CHECK HERE FOR NEW ACCOUNT SET-UPS.

SCAN AND SEND THE FORM (INCLUDING THE VOIDED CHECK) TO askhr@virginia.edu. IF YOU DO NOT HAVE SCANNING CAPABILITY, FAX THE FORM TO PAYROLL: 434-924-4042.

QUESTIONS: PHONE THE UHR SERVICE CENTER, 434-982-0123 OR E-MAIL askhr@virginia.edu.

UNIVERSITY OF VIRGINIA PAYROLL DIVISION
P.O. BOX 400127
CHARLOTTESVILLE, VA 22904-427