



## Research Foundation Direct Deposit Authorization Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

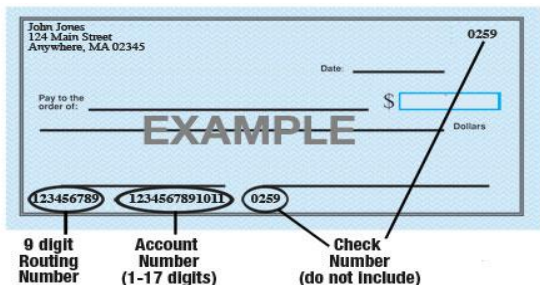
Campus Dept: \_\_\_\_\_

I hereby authorize the Research Foundation HR/Payroll Office to:  <input type="checkbox"/> Start Direct Deposit  <input type="checkbox"/> Change my Direct Deposit (please indicate change):	<b>Send completed form with a voided check                  Or your Banks form to:</b> Research Foundation HR/Payroll Office Biotechnology Bldg, Room 1214 Or Fax to: (607) 777-6564
--	--

**YOU MUST HAVE ONE PRIMARY ACCOUNT**

1. Bank Name:	Routing #: Account #:	Checking or Savings	<b>PRIMARY ACCOUNT (Net Deposit)</b>
2. Bank Name:	Routing #: Account #:	Checking or Savings	Fixed amount: \$
3. Bank Name:	Routing #: Account #:	Checking or Savings	Fixed amount: \$
4. Bank Name:	Routing #: Account #:	Checking or Savings	Fixed amount: \$

**Sample Check**



I authorize the Research Foundation of SUNY at Binghamton University to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the Research Foundation to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the Research Foundation assumes no liability for overdrafts for any reason. I understand that in the event that my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the Research Foundation cannot issue the funds to me until the funds are returned to the Research Foundation by the financial institution(s).

**I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify the Research Foundation HR/Payroll Office before I close any/all account(s) listed above while this authorization is in effect.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

INPUT BY: \_\_\_\_\_

DD START: \_\_\_\_\_