



Direct Deposit of Payroll Authorization

To: UNIVERSITY OF THE VIRGIN ISLANDS
Human Resources Department

I authorize you to deposit my net pay automatically to my account specified below each payday by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorized the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorized you to direct the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

Attach a voided check to this authorization form.

Please print

Financial Institution

Employee Name

Branch Address

Signature

City State Zip

Date

Account Title

Employee ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transit Routing Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Account Type: CHECKING OR SAVINGS