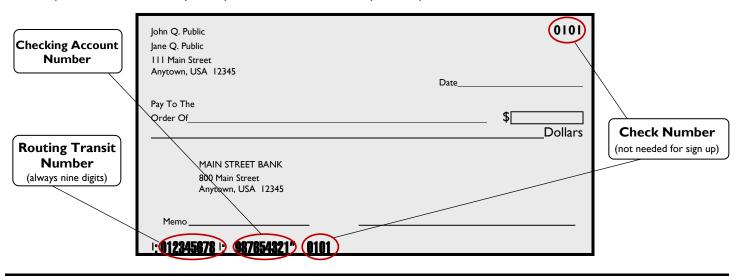
Direct Deposit Enrollment Form

To initiate Direct Deposit, complete this form and submit it to Payroll. Attach a voided check or a copy of a check (not a deposit slip) for each checking account. If depositing into a savings account, ask your bank to provide the Routing/Transit Number for your account (a Routing/Transit Number may differ between accounts within an institution) to help ensure that your funds are properly deposited.

This sample check shows where you may find information necessary to complete this from.



Authorization (Important! Please read and sign before completing and submitting.)

I hereby authorize Associated Universities, INC (AUI) to deposit my payroll by initiating credit entries to my account(s) at the financial institutions (my Bank) indicated on this form. Further, I authorize my Bank to accept and to credit any credit entries indicated by AUI to my accounts. In the event that AUI deposits funds erroneously into my account, I authorize AUI to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in force and effect until AUI has received written notice from me of its termination in such time and in such manner as to afford AUI reasonable opportunity to act on it.

Employee Name: Employee Signature:					E			
					Date:			
Reque	sted Action	□Ne	w Account	☐ Discontinue	□ Change			
	int Information							
Your p	ayroll may be depo	sited	into no more	e than three acco	unts; only one ac	count may be sele	cted for "Ent	ire Net Amount."
1.	Bank Name/City/State:							
	Routing/Transit #	#:		Account #:				
	\Box Checking	or	\Box Savings		□I wish to dep	osit \$	or	□Entire Net Amount
2.	2. Bank Name/City/State:							
	Routing/Transit #:				Acc	ount #:		
	\Box Checking	or	□Savings		□I wish to dep	osit \$	or	□Entire Net Amount
3.	Bank Name/City/	/State	:					
	Routing/Transit #:				Acc	ount #:		
	□ C hecking	or	□Savings		□I wish to dep	osit \$	or	□Entire Net Amount