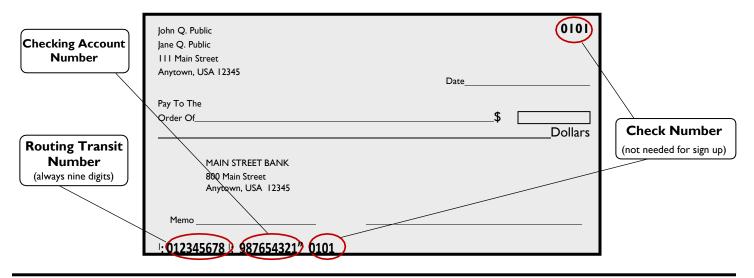


## Direct Deposit Enrollment Form

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 No.: _	Employee	Signature:
			Date:		
Reque	ested Action   Nev	v Account   Discontinue	□ Change Effec	tive Date:	
Accou	int Information				
Your p	ayroll may be deposited	into no more than three acc	counts; only one account ma	y be selected for "Er	ntire Net Amount."
١.	Bank Name/City/State:				
	Routing/Transit #:		Account #:		
	$\Box$ Checking or	□Savings			☐ Entire Net Amount
2.	Bank Name/City/State:				
	•				
	□Checking or	□Savings	□I wish to deposit \$	or	☐ Entire Net Amount
3.	Bank Name/City/State:				
	•				
	□Checking or	□Savings	□I wish to deposit \$		

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