

**ST. THOMAS UNIVERSITY  
DIRECT DEPOSIT AUTHORIZATION FORM**

**Employee Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**COMPLETE THIS SECTION TO SET UP, CHANGE OR CANCEL DIRECT DEPOSIT:**

I would like to:

- SET UP A NEW DIRECT DEPOSIT** to the account designated below.
- CHANGE** my existing **DIRECT DEPOSIT** to the account designated below.
- CANCEL** my existing **DIRECT DEPOSIT**.  
(Before canceling your **existing** direct deposit account, please contact HR at ext. 6512.)

**Please note: Electronic deposit of funds into your designated account will occur APPROXIMATELY two (2) pay periods after this form is submitted to HR.**

I authorize St. Thomas University to automatically deposit my net pay to:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Routing/Transit Number

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Checking Acct. # (attach voided check)

**OR**

\_\_\_\_\_  
Savings Acct. #

It is your responsibility to validate your bank account routing number and your personal account number with your bank to process the electronic transmission of funds correctly.

I release St. Thomas University of any liability which might result from having my funds electronically deposited into the account I designate. If funds that I am not entitled to are deposited into my account, I authorize the return of these funds to St. Thomas University. This authorization will remain in effect until termination of my employment with St. Thomas University.

\_\_\_\_\_  
Employee's Signature

Date \_\_\_\_\_

Please complete and forward this form (with voided check, if applicable) to:

Mrs. Christine M. Hayes, Payroll Manager  
Office of Human Resources, O'Mailia Hall, Suite 100  
Office: (305) 628-6519 Fax: (305) 628-6510  
[cmhayes@stu.edu](mailto:cmhayes@stu.edu)