



PAYROLL DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT

The Payroll Direct Deposit service is offered with explicit understanding that WVSU R&D Corporation is not responsible for any financial liability that may result from the electronic transactions by and between the Corporation's banking institution and your own. The accuracy for the information you are providing is solely your responsibility. The effective date of the direct deposit is generally the next pay-date; however, when dealing with smaller financial institutions, it may take two pay periods before the pay is directly deposited to our account(s). Pay days are the 15th/16th & the 30th/31st of the month. Do not rely on direct deposit being made prior to the actual pay-date.

New Request

Change

STOP Direct Deposit

PRIMARY ACCOUNT – To deposit your net pay into only one account, complete only the information required for the Primary Account. **Please attach a voided check to ensure the accuracy of the deposit.**

SECONDARY ACCOUNT – If you wish to deposit money into two different accounts/two different banks, complete both sections but include the specific amount in the Secondary Account. **Please attach a voided check to ensure the accuracy of the deposit.**

PRIMARY ACCOUNT (Check One)

Checking

Savings

Bank Routing Number

Account Number

Financial Institution Name

Financial Institution Address

SECONDARY ACCOUNT (Check One)

Checking

Savings

Bank Routing Number

Account Number

Financial Institution Name

Financial Institution Address

Dollar Amount to be Deposited to this account

AUTHORIZATION

I hereby authorize WVSU R&D Corporation to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated above, or to stop such deposit as indicated. This authorizes the financial institution holding the Account to post all such entries. This authorization will be in effect until WVSU R&D receives a written termination notice from myself and has reasonable opportunity to act upon it, typically 10 days.

Printed Name

Signature

Date

Employee: Please fill out and return to the Payroll Office