

# Employee Direct Deposit Enrollment Form

(To be used for enrollment, changes and cancellations)

To enroll in Direct Deposit, simply fill out this form and give to the payroll office. Attach a voided check for each checking account or official documentation from your bank(s) indicating the Transit and Account Number. This will help ensure that your funds are deposited accurately.

**IMPORTANT! Please read and sign before completing and submitting.**

I hereby authorize NJIT to initiate credits (deposits) to my account(s) at the financial institution ("Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by NJIT to my account(s). In the event that NJIT deposits funds erroneously into my account(s), I authorize NJIT to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until NJIT and Bank have received written notice from me of its termination in such time and in such manner as to afford NJIT and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security or ID #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Account Information

The last item must be for the remaining amount. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_% or  Entire Net Amount

2. Bank Name: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_% or  Entire Net Amount

3. Bank Name: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_% or  Entire Net Amount

4. Bank Name: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_% or  Entire Net Amount

Instructions/Comments

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Return to: Payroll Dept, Fenster Hall, Room 540

Effective Date: \_\_\_\_\_