

**UNIVERSITY OF LOUISVILLE
REQUEST FOR DIRECT DEPOSIT /PLASTIC PAY CHECK FORM**

Instructions:

Please complete the appropriate sections of this form. Incomplete or missing information will delay processing. Please be sure to include a voided check if you are requesting to begin or change your direct deposit. The completed form should be returned to: University of Louisville Payroll Office, 1980 Arthur Street, Louisville, Kentucky 40208-2772. Any questions should be directed to payroll@gwise.louisville.edu. All employees hired after January 1, 2001 must have their net pay electronically deposited as a condition of continued employment.

PERSONAL INFORMATION

Last Name: _____ First Name & Middle Initial: _____
Employee ID: _____ Social Security Number: _____ Date of Birth: ___ / ___ / ___
Phone Number: _____ E-mail Address: _____
Department Name: _____ Pay Basis: Monthly Biweekly

Please initial your choice: _____ **Direct Deposit** _____ **Plastic Pay** (for more information on Plastic Paycheck, visit <http://louisville.edu/hr/forms/plasticpaycheck.pdf>)

**REQUEST TO BEGIN/CHANGE
DIRECT DEPOSIT**

Bank Name: _____
Account Number: _____
Routing Number: _____
Account Type: Checking Savings

**A VOIDED CHECK OR XEROX COPY OF CHECK FROM THIS ACCOUNT
MUST BE INCLUDED WITH THIS REQUEST.**

**REQUEST TO STOP OR CHANGE
DIRECT DEPOSIT/PLASTIC PAY CHECK**

Bank Name: _____
Account Number: _____
Routing Number: _____
Account Type: Checking Savings

Initial here _____ to stop plastic paycheck.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize the University of Louisville, acting as my agent, to deposit my net pay each pay period and until further notice, in the account identified above.

I acknowledge that:

- Provided my respective financial institution has adequate electronic transfer facilities, my net pay will be deposited on the morning of each official university pay day;
- In order to remain eligible for this service, I will notify the Payroll Department of any changes to this authorization at least one complete **pay period prior to the next deposit**; and,
- The university may cancel this service if it is determined that frequent alternations to this agreement are initiated in order specifically to avoid anticipated financial responsibilities.
- I agree and understand that if I need to terminate my direct deposit that I have three (3) business days to provide a new direct deposit form or I will be issued a stored value debit card/plastic paycheck for electronic transfer of my net pay.

Employee Signature: _____

Date: _____