

# CLEMSON UNIVERSITY

## AUTHORIZATION FOR DEPOSIT OF NET PAY AND/OR EXPENSE REIMBURSEMENT

### IMPORTANT – READ BEFORE SIGNING THIS FORM

1. “Financial Institution” as used on this form means the employee’s bank, savings and loan, credit union, or similar establishment.
2. The payroll and/or expense reimbursement deposit authorized by the employee’s signature on this form is accomplished by electronic funds transfer and is covered by a number of regulations designed to safeguard the integrity of the employee’s account. The funds deposited will be available to the employee for withdrawal by all usual means on the morning of the scheduled University payday for net pay and within 48 hours of university disbursement processing for expense reimbursement.
3. This authorization must be accompanied by a voided check correctly reflecting the employee’s financial institution and account number. For certain types of accounts, a voided check may not be available. In this instance, a copy of the account identification card, or a statement from the bank on letterhead stating the routing and account number is acceptable. No authorizations will be processed without such verification.
4. Clemson University assumes no responsibility for any relationship between the employee and his/her financial institution, except to accurately provide the employee’s account number as given in (3) above, with his/her deposit to the financial institution(s) involved.
5. New authorizations must be in the payroll office at least two weeks prior to the payday the authorization is to take effect. If the authorization cannot be processed, the payroll office will notify the employee, who will continue to receive a payroll check and/or expense reimbursement check until the authorization can be processed.
6. A new form must be completed for a change. When Payroll receives the new form, it will automatically cancel out the old.
7. Because of the time element involved in processing electronic fund transfers, cancellations must be in the payroll office at least two weeks prior to the pay date the cancellation is to take effect. Cancellations must be in writing.
8. Clemson University assumes no responsibility to issue a check to any employee whose deposit could not be processed due to the account being closed, or any other reason, until the receiving financial institution has returned such deposit to the University.
9. There is a \$5.00 charge to reissue a check due to having closed your bank account before notifying Payroll to stop your direct deposit.

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\_\_\_\_\_/\_\_\_\_\_  
**EMPLOYEE NAME / EMPLOYEE ID #**  
(As it appears on Payroll Check)

I hereby authorize Clemson University to deposit my net payroll and/or expense reimbursement with the institution below for credit to my account and understand that this authorization will remain in effect throughout my employment unless cancelled by me or Clemson University in unusual circumstances only. These circumstances may include, but are not limited to, tax levies, court ordered deductions, and verification of leave for final payout. **I have read, understand, and signed the regulations on pages 1 and 2 of this form regarding electronic funds transfer and agree to abide by the same.**

\_\_\_\_ I have a form on file either from another current job or from a previous position. My banking information has not changed.

\_\_\_\_\_  
**FULL NAME OF FINANCIAL INSTITUTION**

\_\_\_\_\_  
**CHECKING ACCOUNT**  
\_\_\_\_\_  
**SAVINGS ACCOUNT**  
(Check One Only)

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

By this signature I authorize Clemson University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated on this form and the financial institution named above, to credit and/or debit the same to such account.

<b>ATTACH VOIDED CHECK HERE</b>	<b>CANCELLATION ONLY</b> <b>I hereby cancel this</b> <b>authorization effective</b>
	_____ <b>Date</b>
	_____ <b>Signature</b>

### FOR PAYROLL OFFICE USE ONLY

\_\_\_\_\_  
(EFFECTIVE DATE)

Emplid Number	Routing Number			Account Number	Ver Code

\_\_\_\_\_  
Preparer's Initials

\_\_\_\_\_  
Date