

**University of Virginia Medical Center**  
**Authorization Agreement For Automatic Check Deposit (ACH Credits)**

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Please **print** and **complete** all **unshaded** sections, and return ALL copies of this form to the Medical Center Payroll Department in Stacey Hall.

Employees Soc. Sec. No    

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Employees Name    \_\_\_\_\_

Address    \_\_\_\_\_

City    \_\_\_\_\_

State    \_\_\_\_\_

Zip    \_\_\_\_\_

I hereby authorize **The University of Virginia Medical Center** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my **Checking Account or Savings Account (select one)** indicated below and the depository named below to credit and/or debit the same to such account.

Depository \*\* Banking Institution Name\*\*    \_\_\_\_\_  
Branch    \_\_\_\_\_

Account Number    

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This authorization is to remain in full force and effect until University of Virginia Medical Center has received written notification from me of its termination in such time and in such manner as to afford University of Virginia Medical Center and Depository a reasonable opportunity to act on it.

Please attach one **Deposit Slip** with this authorization so that we can verify the Banks Transit/ABA number. This deposit slip will be retained in the Payroll Department. A copy of this authorization will be sent back to you indicating when the first Automatic Check deposit will be deposited.

Banks require a **TEN Day Account Pre-Notification** for Direct Deposit set up, and if changes are made to Direct Deposit Account Information. For example, if you are changing from one bank account to another bank account we are required to generate a Pre-notification. A paper check will be issued and there will NOT be a Direct Deposit to the OLD bank account. Direct deposit to the new bank account will occur in the next pay period.

Be sure to verify your banking information on your Earnings Statement. If N/A is printed, a paper check has been issued and **not a Direct Deposit** to a bank account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Payroll Use Only**

Transit/ABA No.    

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**NOTE:**

The Payroll Department has received your Direct Deposit Authorization. Your new account will be pre-noted \_\_\_\_\_ and a paper check will be issued that you need to pick up. Your Automatic Check Deposit will start beginning: \_\_\_\_\_