

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. 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.
4. The electronic funds transfer system requires pre-notification of all new account numbers. Therefore, 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.
5. Regulations require that if a change in financial institution or account number is made, the employee must be off direct deposit (and will receive a check) for a minimum of one pay period before the change will take effect.
6. A separate form must be completed for each change, or for multiple direct deposit accounts.
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.

CLEMSON UNIVERSITY

AUTHORIZATION FOR DEPOSIT OF NET PAY AND/OR EXPENSE REIMBURSEMENT

EMPLOYEE NAME
(As it appears on Payroll Check)

EMPLOYEE ID #

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 canceled 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 agree to the regulations on pages 1 and 2 of this form regarding electronic funds transfer and agree to abide by the same.**

My upload via the secure link, using my Clemson University credentials, will serve as my signature and authorization for 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.

DATE SUBMITTED

ACCOUNT TYPE

CHECKING ACCOUNT

SAVINGS ACCOUNT

FULL NAME OF FINANCIAL INSTITUTION

DEPOSIT VALUE

AMOUNT

PERCENT

BALANCE REMAINING

ROUTING NUMBER (9 DIGITS)

DEPOSIT TYPE

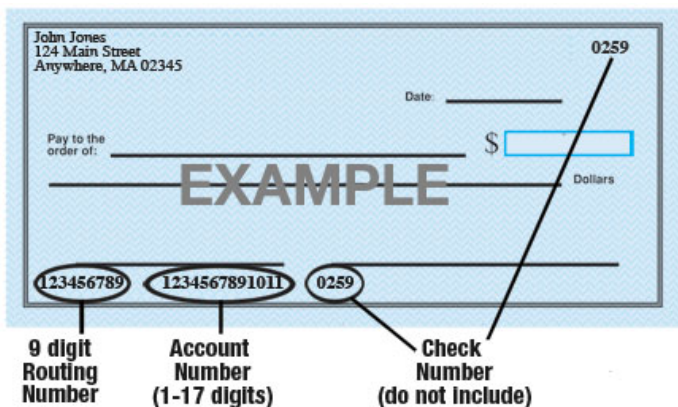
START

CHANGE

CANCEL

ACCOUNT NUMBER (1-17 DIGITS)

A separate form must be completed for each change, or for multiple direct deposit accounts.



FOR PAYROLL OFFICE USE ONLY

Payroll Employee

Date Entered