



NJCU

DIRECT DEPOSIT AUTHORIZATION

RETURN TO: OFFICE OF PAYROLL,
HEPBURN HALL, ROOM 109

BLACK OR BLUE INK ONLY. PLEASE PRINT.

NEW (Replace all prior deposit) ADDITION CANCELLATION OF DEPOSIT CHANGE AMOUNT

Name (Last, First, Middle Initial): _____
* Last * First

Employee ID#: _____ Contact Phone #: _____

Last Four Digits of SS#: XXX-XX-_____

Account 1:

Name of Bank: _____

Account Type (Check one):

Bank Routing/Transit #: _____ Checking Account

Account #: _____ Saving Account

% of Pay: _____ (up to 100%) OR Amount \$ _____

Account 2:

Name of Bank: _____

Account Type (Check one):

Bank Routing/Transit #: _____ Checking Account

Account #: _____ Saving Account

% of Pay: _____ (up to 100%) OR Amount \$ _____

I hereby authorize New Jersey City University to deposit the payment as described above to my account at the financial institution named above. All new/changed account will be effective immediately (no pre-note). It is employee's responsibility to provide correct information. **Please attach blank void check or copy of check.**

Signature

Date