



Exempt Non-Exempt Work-Study

BARRY UNIVERSITY
Direct Deposit Agreement for Payroll and Accounts Payable

A payment disbursement option should be selected and submitted to the payroll office no later than one week prior to the first pay run*

**The payroll office will assign a Visa rapid! Pay Card to those employees that do not submit a direct deposit form at least one week prior to their first payment.*

Employee Information (Please Print)

Name – Last First Middle Social Security #
Department: _____ Daytime Work Phone: _____

Account Data

Types of Account: (check one) Checking/Share Draft (Attach a voided check pre-printed with your name.)
 Savings (Attach pre-printed documentation with your name, routing & account #)
Visa rapid! Pay Card

Purpose for processing form (Check one)

New Authorization Change Financial Institution/Change Account Number
 Partial Deposit of \$ _____

Accounts Payable DISCLAIMER

The bank account or pay card account used as primary account for your Payroll direct deposit is the account that Barry University will use to process Accounts Payable reimbursements. Should your payroll primary account change, the update will be processed by Accounts Payable as well. _____ *Employee Initials*

I authorize the deposit of my payroll payment each pay date to the financial institution indicated above. I further agree to the following conditions:

CONDITIONS:

1. This authorization is to remain in force until cancelled by me or until termination of my employment.
2. Barry University reserves the right to recall or adjust any deposits improperly created and deposited to my account.
3. I authorize the financial institution to honor any recall/adjustment request made by Barry University. I further authorize the financial institution to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available in the account to cover the deposit error at the time of the recall/adjustment.
4. ANY CHANGES TO THIS AUTHORIZATION MUST BE RECEIVED BY THE PAYROLL OFFICE AT LEAST 30 DAYS PRIOR TO THE PAYDAY ON WHICH THE UNIVERSITY IS OBLIGATED TO HONOR IT.
5. I absolve the University from any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

Employee Signature: _____ Date: _____