



# University of Alaska Autodeposit Request

MAU/Major Administrative Unit (circle one)				Check Distribution
UAA	UAF	UAS	SW	
Last Name		First	M.	
Employee ID			Work Phone	

**Instructions:** Complete, sign, and date the form in ink to start, stop, or change the autodeposit of your biweekly net pay. Submit the form and appropriate back-up documentation to your campus Human Resources office.

- ♦ Attach a copy of a voided check or bank documentation with your name, bank name, routing number, and account number.
- ♦ You may split your deposit between a maximum of two accounts (at the same or separate financial institutions).
- ♦ You may select any U.S., ACH participant bank, credit union, and/or savings and loan (no brokerages/money markets).
- ♦ Initial deposit activation or any changes to your financial institution/account may require at least two paydays to take effect.
- ♦ When changing accounts, do not close your old bank account until you verify activation of your new autodeposit account.
- ♦ Always verify the net deposit amount with your account statement or financial institution.
- ♦ As of August 7, 2004, UA will no longer print autodeposit stubs for employees, unless they submit an Autodeposit Paystub Option Form. For more information, go to <http://www.alaska.edu/hr/procedures/payroll/autodeposit.xml>.
- ♦ **Note: Your name must be listed on the account or the financial institution will refuse your direct deposit.**

**Autodeposit One (choose one selection from each box)**

 Start  
 Stop  
 Change

 Checking  
**or**  
 Savings

 Percent of Net \_\_\_\_\_ %  
**or**  
 Dollar Amount \$ \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Phone Number of Financial Institution: \_\_\_\_\_

Routing Number \*(9 digits): \_\_\_\_\_ Account Number\*:

\* Contact your financial institution to verify the proper Routing Number and Account Number for autodeposit.

**A copy of a voided check or bank documentation with the above account information must be attached to start or change your autodeposit. No back-up is required to stop your autodeposit.**

<b>Office Use Only</b>	Priority of Deposit:	Status:	<input type="checkbox"/> Prenote	<input type="checkbox"/> Inactive
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**Autodeposit Two (choose one selection from each box)**

 Start  
 Stop  
 Change

 Checking  
**or**  
 Savings

 Percent of Net \_\_\_\_\_ %  
**or**  
 Dollar Amount \$ \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Phone Number of Financial Institution: \_\_\_\_\_

Routing Number \*(9 digits): \_\_\_\_\_ Account Number\*:

\* Contact your financial institution to verify the proper Routing Number and Account Number for autodeposit.

**A copy of a voided check or bank documentation with the above account information must be attached to start or change your autodeposit. No back-up is required to stop your autodeposit.**

<b>Office Use Only</b>	Priority of Deposit:	Status:	<input type="checkbox"/> Prenote	<input type="checkbox"/> Inactive
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**Employee Authorization**

I hereby authorize the University of Alaska to deposit my biweekly net pay to the financial institution(s) and account(s) listed above and to initiate debits to the above account(s) if a deposit is made in error. I hereby certify that I am the sole or partial owner of the above account(s).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll: \_\_\_\_\_ Date: \_\_\_\_\_ Effective: \_\_\_\_\_