

UNIVERSITY OF CONNECTICUT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Not to be used to establish/change a secondary direct deposit account)

INSTRUCTIONS: Complete this form if you wish to establish, change, or cancel a direct deposit account with the State of Connecticut and the University of Connecticut. Please note that this form will affect payments issued from all State payrolls regardless of agency and all payments from Accounts Payable and Travel Service offices at the University of Connecticut. If you have any questions regarding direct deposit, please contact the University Of Connecticut Payroll Department at (860) 486-2423. This form is not intended for State of Connecticut retirees, as all retiree direct deposit records are administered by the State's Retirement Division.

SECTION I EMPLOYEE INFORMATION		
FIRST NAME & MIDDLE INITIAL	LAST NAME	LAST FOUR DIGITS OF SSN
EMPLOYEE ID NUMBER (Found on check stub)	EMAIL ADDRESS	TELEPHONE NUMBER

SECTION II ACCOUNT INFORMATION		
NAME OF BANK OR FINANCIAL INSTITUTION		
ROUTING NUMBER		
ACCOUNT NUMBER		
TYPE OF ACTION (Check only one)	New Account <input type="checkbox"/>	Change Account <input type="checkbox"/> Cancel Account <input type="checkbox"/>
ACCOUNT TYPE (Check only one)	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

SECTION III POLICIES & DEFINITIONS

CLOSING A DIRECT DEPOSIT ACCOUNT: Do not close, cancel, or change an existing direct deposit account without first submitting an updated direct deposit form to the Payroll Department. Failure to notify the Payroll Department of a change to your account may result in delayed payment(s). Please note that a direct deposit account will remain in effect until you request to have it inactivated (except in the case of a separation from the Classified or Unclassified payroll).

CHANGING A DIRECT DEPOSIT ACCOUNT: Changes to direct deposit accounts generally take two pay periods to process. An actual check will be issued between the inactivation of your current account and the activation of your new account.

PRE-NOTE PROCESS: Each new direct deposit account that is entered into the State's Core-CT system must pass the State's "pre-note process." During this period, paper checks continue to be issued while the new account is tested. A \$0.01 deposit will be made to the account on the pay date preceding the direct deposit effective date.

ESTABLISHING A SECONDARY ACCOUNT: You must have one existing account that has successfully completed the pre-note process in order to add an additional account. New employees, or employees who are requesting direct deposit for the first time, are not permitted to request an additional account until an initial account has successfully completed the pre-note process. Once you have begun receiving payments to your initial account you may request a secondary account by submitting a *Secondary Direct Deposit Authorization Agreement*.

SECTION IV AUTHORIZATION AGREEMENT

I hereby authorize the State of Connecticut ("STATE") and the University of Connecticut ("UCONN") to electronically deposit all deduction monies owed to me to the bank named above. This authorization is to remain in force until such time that the STATE and UCONN has received written notification from me of its termination in such time and manner as to afford the STATE, UCONN and the bank named above a reasonable opportunity to act upon it. In the event that the STATE and UCONN notifies the bank that the funds have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to the STATE and UCONN as soon as possible. In the event such funds have been drawn from that account so that the return of those funds by the bank to the STATE and UCONN is not possible I hereby authorize the STATE and UCONN to recover those funds by deducting the amount of said funds from any future payments from the STATE and UCONN until the amount of the erroneous deposit has been recovered in full. I further agree that if I do not immediately repay an erroneous deposit, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the STATE and UCONN in the collection of such erroneous deposit, together with the maximum interest permitted by law.

Furthermore, I authorize UCONN to use the account information provided above for all payments from Accounts Payable and the office of Travel Services.

PLEASE SIGN AND DATE HERE TO ACCEPT THE TERMS AND CONDITIONS OF THIS FORM	SIGNATURE	DATE
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