



DIRECT DEPOSIT NOTICE

All employees are allowed to directly deposit their pay checks into their personal bank accounts. Pay checks can be allocated on a direct deposit basis to a maximum of three accounts of which there can be a maximum of **three** checking accounts **or** a maximum of **two** savings accounts, with any bank or financial institution as long as they are members of the Automated Clearing House. The **Entire Net Pay** box must be checked off for one of the accounts involved if deposit is divided into two accounts or more.

Page 2 is the **DIRECT DEPOSIT AUTHORIZATION FORM**. It's recommended that you contact your financial institution, *before* you complete the form, to **verify the following information: the routing number, the account number, and the account classification**, (whether it's considered checking or savings for the purpose of electronic transfers). **PLEASE ATTACH EITHER A VOIDED CHECK, DEPOSIT SLIP, BANK STATEMENT OR BANK LETTER AS DOCUMENTATION OF YOUR ACCOUNT. DOCUMENTATION MUST HAVE THE IMPRINT OF YOUR NAME AND ACCOUNT NUMBER FOR EVERY ACCOUNT LISTED.**

Please return the completed form, along with account verification, directly to Payroll in Levermore Hall, Room 201. Implementation of new requests and subsequent changes will take two pay periods, approximately 30 days. A "paper" check will be issued during the waiting period. **Please ask your supervisor to request your access to eCampus from Network Accounts.**

Your pay stubs will be available on line. Please go to <https://portal.adelphi.edu/group/ecampus>

- Enter your Adelphi username and password.
- Click on **Services** tab.
- Click on the **ADP** logo (ADP iPay Statements).
- Click on "**I Agree**"

We wish to alert you that although funds are withdrawn from the University's bank account on the pay date, some banks do not post to the employees' individual accounts on the pay date. The University has no control over these circumstances. Any concerns should be addressed directly to the individual financial institutions. Additionally, any changes to or cancellation of direct deposit must be received in Payroll at least ten business days before pay day.

The Payroll department can be reached directly at extension #3189 or in Levermore Hall, Room 201 if you have any questions with regards to this service.

PLEASE ATTACH EITHER A VOIDED CHECK, DEPOSIT SLIP, BANK STATEMENT OR BANK LETTER AS DOCUMENTATION OF YOUR ACCOUNT. DOCUMENTATION MUST HAVE THE IMPRINT OF YOUR NAME AND ACCOUNT NUMBER FOR EVERY ACCOUNT LISTED.

ADELPHI UNIVERSITY DIRECT DEPOSIT AUTHORIZATION FORM

Date: _____ NEW _____ CHANGE _____ ADD _____

Employee Name: _____ ID #: _____

Department Name: _____ Day Phone Number/ Extension Number: _____

I hereby authorize my employer, ADELPHI UNIVERSITY, and the financial institution(s) listed below to directly deposit my net pay in my account(s) automatically each payday. This authorization is to remain in effect until my employer terminates this service or until my employer receives written notification from me to terminate direct deposit of my pay, with enough advance notice that would facilitate the Payroll department to cancel my authorization in a timely manner.

Employee Signature _____

I. Bank Name _____

Branch Address _____

Branch Phone # _____

Account Classification (**Check one**): Checking Savings ATTACH BANK INFORMATION

ABA/ Routing Number _____ Account Number: _____

(**Check 1 Box**): Entire Net Pay: Partial Amount: \$ _____

II. Bank Name _____

Branch Address _____

Branch Phone # _____

Account Classification (**Check one**): Checking Savings ATTACH BANK INFORMATION

ABA/ Routing Number _____ Account Number: _____

(**Check 1 Box**): Entire Net Pay: Partial Amount: \$ _____

III. Bank Name _____

Branch Address _____

Branch Phone # _____

Account Classification (**Check one**): Checking Savings ATTACH BANK INFORMATION

ABA/ Routing Number _____ Account Number: _____

(**Check 1 Box**): Entire Net Pay: Partial Amount: \$ _____

IV. Bank Name _____

Branch Address _____

Branch Phone # _____

Account Classification (**Check one**): Checking Savings ATTACH BANK INFORMATION

ABA/ Routing Number _____ Account Number: _____

(Check 1 Box): Entire Net Pay: Partial Amount: \$ _____

V. Bank Name _____

Branch Address _____

Branch Phone # _____

Account Classification (**Check one**): Checking Savings ATTACH BANK INFORMATION

ABA/ Routing Number _____ Account Number: _____

(Check 1 Box): Entire Net Pay: Partial Amount: \$ _____