

Student Payroll

Brown University
Direct Deposit Authorization

_____ New
_____ Cancel
_____ Change

Return To: Payroll Office, Box 1873

I hereby request that all future net payment of wages due to me be deposited directly to the checking or savings account (s) specified below. It is understood that in so doing, Brown University will fully discharge its responsibility for making these payments to me until they are contractually terminated, or until I give written notice to revoke this request.

Print Name _____	Social Security # _____
Bank Name 1 _____	
Bank Transit Number _____ (1 st 9 digits of # on bottom left of check)	
Checking Account # _____	\$ amount or % _____
Savings Account # _____	\$ amount or % _____
Bank Name 2 _____	
Bank Transit Number _____	
Checking Account # _____	\$ amount or % _____
Savings Account # _____	\$ amount or % _____

*******Read this section carefully before signing*******

- This direct deposit request will be processed as soon as possible. Our system requires at least one pay period for “prenote” which is a confirmation process with the bank. Therefore, you will receive at least one (1) more check before the direct deposit will actually take place.
- It is your responsibility to notify the Payroll Office of any bank account number changes. This includes any changes during the summer months. **This request will continue to be valid until the Payroll Office is notified in writing to discontinue the direct deposit.**
- Computer Systems Failure: In the event that a computer system failure occurs the deposit to your account may be delayed. You will receive notification if this occurs.
- It is always your responsibility to check with your bank or credit union to confirm that funds are available.
- **During the month of September** due to the large number of student direct deposit requests, the enrollment process may take 2 pay periods to complete.

I have read and understand the above information. **I understand that I must notify the Payroll Office of any bank account changes.**

Signature _____	Date _____
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ATTACH VOIDED CHECK AND/OR SAVINGS DEPOSIT SLIP HERE.
This request cannot be processed without this item.