

**UNIVERSITY OF VIRGINIA  
DIRECT DEPOSIT AUTHORIZATION FORM**

\_\_\_\_\_  
Name (Last                      First                      MI)                      Social Security Number

Employee Only                       Student Only                       **Both Student AND Employee**

\_\_\_\_\_  
Name of Banking Institution (U.S. Institutions ONLY)                      Account Number

Type of Account: (Choose ONE)

Checking: **Attach a VOIDED check**                      Bank Routing #: \_\_\_\_\_

Savings: Attach a deposit slip                      Bank Routing #: \_\_\_\_\_

I have established an account at the financial institution indicated above and authorize:

- 1) the University of Virginia to deposit my funds via direct deposit,
- 2) my financial institution to credit my account,
- 3) the University of Virginia to initiate and my financial institution to make corrections to my account for any deposits made in error

**This authorization will remain in effect until updated direct deposit information is received. I will provide at least two (2) weeks notice to the University Payroll Division if I change my account or change my financial institution.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STAPLE VOIDED CHECK  
OR DEPOSIT TICKET  
HERE**

Return Form To:

University of Virginia Payroll Division  
PO Box 400127  
914 Emmet Street  
Charlottesville, VA 22904-4127

**MANDATORY**

Questions: Call (434) 924-4350 or e-mail  
[payroll@virginia.edu](mailto:payroll@virginia.edu)

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