

RETURN THE COMPLETED TO THE PAYROLL OFFICE

DIRECT DEPOSIT



Wilmington University, 320 Dupont Highway, New Castle, DE 19720
 Phone:(302) 328-9401; Fax: (302) 328-8871

Name: _____
 (print or type)

Bank Name	Bank Trans ABA Number	Bank Account Number	Type of Account Indicate: Checking or Savings	Indicate Deposit Amount (only if between 2 accounts)

Please complete all information in full. Payroll will not be able to process this request without all information. It will take one pay for your account to be verified. If you are unsure of your bank's Trans ABA Number or which account number to use, please check with your bank before forwarding this request to the Payroll Office.

--FOR VERIFICATION OF CHECKING ACCOUNT PURPOSES, PLEASE ATTACH A VOIDED CHECK--

If you use a Credit Union, please contact them for the correct information before submitting this request to Payroll.

 Employee Signature

 Date

IF YOU ARE DECLINING THE DIRECT DEPOSIT BENEFIT, PLEASE CHECK THE BOX AND SIGN BELOW

 Employee Signature

 Date