UMDNJ
University of Medicine & Dentistry of New Jersey

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDIT) BETWEEN THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

AND

NAME: _____ EMPLOYEE ID# (ex. A00123456): _____

HOME PHONE: _____ WORK PHONE: _____

I (WE) hereby authorize the University of Medicine and Dentistry of New Jersey (University) to initiate automatic deposits and corrections to my (our):

Check only one: Checking Account ☐ Savings Account ☐

and the financial institution named below to credit or debit the same to such account.

FINANCIAL INSTITUTION_____ BRANCH_____

CITY_____ STATE _____ ZIP _____

TRANSIT ROUTING NUMBER ☐☐☐☐☐☐☐☐☐ ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The employee recognizes that the University's and the participating bank's sole liability to the employer is limited to the dollar amount of the Payroll Deposit. Neither the University nor a participating bank shall be responsible for any special, indirect or consequential damages, even if the University and/or the bank has been advised by the employee of the possibility of such damages.

The employee agrees that the University may from time to time reverse an incorrect deposit, which may cover previous pay periods.

The authority is to remain in full effect until the University has received written notification from me (or either of us) of its termination in such time and manner as to give the University a reasonable opportunity to act on it or until the University has sent me (either of us) ten (10) day written notice of the University's termination of this arrangement.

DATE:_____ SIGNATURE:_____ SIGNATURE:_____
(employee) (if joint account)

NOTICE: As a reminder, processing schedules vary from bank to bank and can change at anytime. Always verify that your account has been credited before attempting debit transactions.

ATTACH A BLANK VOIDED CHECK COPY WITH THIS FORM AND FAX IT TO 732-235-9242 OR SEND IT INTEROFFICE TO: PAYROLL DEPT., LIBERTY PLAZA, 4TH FLR., NEW BRUNSWICK

DIRECT DEPOSIT CANCELLATION ONLY

If you currently have Direct Deposit and wish to DISCONTINUE, please check this box ☐ and complete the below information:

NAME: _____ EMPLOYEE ID#: _____

SIGNATURE: _____ DATE: _____