UNIVERSITY AT BUFFALO FOUNDATION, INC.
DIRECT DEPOSIT FORM

If you wish to have direct deposit, please complete this form and return it to UB Foundation, Payroll Department.

CAMPUS ADDRESS	U.S. MAIL ADDRESS	FAX
UB Foundation, Inc	UB Foundation, Inc.	(716) 645-3475
Center for Tomorrow	PO Box 900	
North Campus	Amherst, NY 14226-0900	

EMPLOYEE INFORMATION

Employee Name: _____
Last Name First Name Middle Initial

Employee Address: _____
Street City State Zip

Social Security Number: _____ Phone: _____
(including area code) Work Home

FINANCIAL INSTITUTION INFORMATION

Checking Account Selection – attach a voided check with your preprinted name and Routing or ACH number.

Priority 1

Name of Financial Institution: _____
Name City/State Branch

	☐ Checking	☐ Savings	☐ Partial	☐ Full Amount
☐ Changes are for this account only, other accounts already on file should not be changed				
Routing Number				
Account Number				
Amount*			☐ Percentage	☐ Fixed Amount
*if canceling direct deposit for this account, amount should be 0 (zero)				

Priority 2

Name of Financial Institution: _____
Name City/State Branch

	☐ Checking	☐ Savings	☐ Partial	☐ Remainder
☐ Changes are for this account only, other accounts already on file should not be changed				
Routing Number				
Account Number				
Amount*			☐ Percentage	☐ Fixed Amount
*if canceling direct deposit for this account, amount should be 0 (zero)				

Priority 3

Name of Financial Institution: _____
Name City/State Branch

	☐ Checking	☐ Savings	☐ Partial	☐ Remainder
☐ Changes are for this account only, other accounts already on file should not be changed				
Routing Number				
Account Number				
Amount*			☐ Percentage	☐ Fixed Amount
*if canceling direct deposit for this account, amount should be 0 (zero)				

☐This election is new and will replace all previous elections.

DEPOSITOR CERTIFICATION

I certify that I have read and understand this form, including the authorizaton for recovery. In signing this form, I authorize my salary payment to be sent to the financial institution(s) named above to be deposited to the designated account(s). I understand the first payroll cycle is a test cycle and direct deposit will start the second payroll cycle after submission.

_____ _____
Signature Date

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the eligible individual consents to allow the UB Foundation, through the financial Institution, to debit the account, upon notice to the account owner, in order to recover any salary to which the eligible individual was not entitled, which was deposited in error. This means of recovery shall not prevent the UB Foundation from utilizing any other lawful means to retrieve salary payments to which the eligible individual is not entitled.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the eligible individual. To cancel, the eligible individual must complete a new direct deposit form indicating the cancellation. The agreement represented by this authorization may be canceled by the financial institution by providing the eligible individual and the UB Foundation with a written notice 14 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the eligible individual and UB Foundation.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

An eligible individual may change financial institutions by completing a new enrollment form with the newly selected financial institution information. The new enrollment will cancel the enrollment at the previous financial institution, unless otherwise indicated.

QUESTIONS?

If you have any questions, please call Jackie Ingram at (716) 645-8733.