

**DIRECT DEPOSIT OF SALARY  
ENROLLMENT FORM**

**DIRECTIONS**

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

**CAMPUS ADDRESS**

UB Foundation, Inc.  
Center for Tomorrow  
North Campus

**U.S. MAIL ADDRESS**

UB Foundation, Inc.  
Box 900  
Amherst, NY 14226-0900

<b>EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)</b>			<b>TYPE OF ACCOUNT (Select One)</b>  <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>ADDRESS</b>			<b>ACCOUNT NUMBER</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>BANK NAME</b>		
<b>TELEPHONE NUMBER (WORK)</b>		<b>(HOME)</b>	<b>PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH ROUTING NO. AND ACCOUNT NO.</b>		
<b>AREA CODE(    )</b>					
<b>SOCIAL SECURITY NUMBER</b>					
<b>DEPOSITOR CERTIFICATION</b>					
I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS FORM, INCLUDING THE AUTHORIZATION FOR RECOVERY. IN SIGNING THIS FORM, I AUTHORIZE MY SALARY PAYMENT TO BE SENT TO THE FINANCIAL INSTITUTION NAMED ABOVE TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.					
<b>SIGNATURE</b>			<b>DATE</b>		
<b>JOINT ACCOUNT HOLDERS CERTIFICATION</b>					
I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS FORM, INCLUDING THE AUTHORIZATION FOR RECOVERY.					
<b>SIGNATURE</b>			<b>DATE</b>		

#### **AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR**

**By signing this form, the employee and each joint tenant, if any, each consent to allow the UB Foundation, through the financial institution, to debit the account, upon notice to account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account 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 employee is not entitled.**

#### **CANCELLATION**

**The agreement represented by this authorization remains in effect until cancelled by the employee. To cancel, the employee must complete a new enrollment form with a 'CANCEL' transaction.**

**The agreement represented by this authorization may be cancelled by the financial institution by providing the employee 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 employee and UB Foundation.**

#### **CHANGING RECEIVING FINANCIAL INSTITUTIONS**

**An employee may change financial institutions by completing a new enrollment form with a 'CHANGE' transaction at the newly selected financial institution. The new enrollment will cancel the enrollment at the previous financial institution.**