UNIVERSITY SYSTEM OF NEW HAMPSHIRE
Payroll Direct Deposit - FIXED Amount
Authorization Form

Beginning 9/18/2009, direct deposit notifications will be sent to you via e-mail to the address on file.
Paystub detail is available through WISE at wise.unh.edu

Go to WISE to enroll in self-service Direct Deposit or to change your direct deposit allocations

Personal Information

Name: _____
Last First Middle

USNH ID # | | | | | | | | | |

Campus Telephone Number: _____

Campus/Institution: ☐ GSC ☐ KSC ☐ PSU ☐ SYS ☐ UNH

Fixed Amount

Deposit this fixed amount into my bank account each pay period:

☐ Begin $_____ ☐ Change from $_____ to $_____ ☐ Discontinue

☐ Priority (1 being highest) ☐ Do Not Change Bank Information

Bank Name	
City and State	

☐ Checking/Now
☐ Savings

Bank Transit Routing Number | | | | | | | | | |
Must be 9 Digits

Account Number | | | | | | | | | | | | | | | | |

Fixed Amount

Deposit this fixed amount into my bank account each pay period:

Begin $_____ Change from $_____ to $_____ ☐ Discontinue

☐ Priority (1 being highest) ☐ Do Not Change Bank Information

Bank Name	
City and State	

☐ Checking/Now
☐ Savings

Bank Transit Routing Number | | | | | | | | | |
Must be 9 Digits

Account Number | | | | | | | | | | | | | | | | |

Authorization

There may be a one pay period delay due to required pre-notes for all direct deposit requests and changes.

I hereby authorize and request the University System of New Hampshire to make payment of any amounts owed to me by initiating credit entries to my bank(s) and account(s) indicated above and I authorize and request the banks to accept any credit entires or adjustment entries initiated by the University System of New Hampshire to such account(s) and to enter the same to such account(s) without responsibility for the correctness thereof.

Employee's Authorizing Signature/Date:

If Joint Account, Joint Holder Signature:

☐ Campus E-mail Address ☐ Other E-mail address

Please return this form to your Campus Payroll Office. 9/9/2009