UNIVERSITY SYSTEM OF NEW HAMPSHIRE
Direct Deposit Authorization Form
Net Pay and Employee Reimbursement

Direct deposit notifications will be sent to the e-mail address on file.
Paystub details will be available through WISE at https://wise.unh.edu

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

Personal Information

Name: _____
Last First Middle

USNH ID # | | | | | | | | | | Campus Telephone Number: _____

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

Bank Information

This will be your payment method for all payments disbursed through USNH.

☒ Payroll and Employee Reimbursement *(default for all)* ☐ Payroll only ☐ Employee Reimbursement only

☐ Begin Direct Deposit ☐ Change Bank ☐ Change Account ☐ Discontinue Direct Deposit

Bank Name	
City and State	

☐ Checking/Now
☐ Savings

Bank Transit Routing Number | | | | | | | | | | Account Number | | | | | | | | | | | | | | |

Must be 9 Digits

IAT Information

Complete this section if deposit is being forwarded to a bank oustide the U.S.

☐ √ Box if you have authorized your U.S. bank to forward your entire deposit to a bank outside the U.S.

Country of Foreign Bank: _____ **Type of Payment:** ☐ Payroll ☐ Business ☐ Miscellaneous

Foreign Address:

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

Authorization

I hereby authorize and request the University System of New Hampshire, hereinafter called USNH, to make payment of any amounts owed to me by initiating credit entries to my account indicated above in the bank named above, hereinafter called BANK, and I authorize and request BANK to accept any credit entries or adjustment debit entries initiated by USNH to such account and to enter the same to such account without responsibility for the correctness thereof.

It is understood that this agreement may be terminated by me at any time by written notification to USNH or Bank. Any such notification to Bank shall be effective only with respect to entries initiated by USNH after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Bank shall be effective only with respect to entries credited to my account by Bank or after receipt of such notification and a reasonable time to act on it.

Employee's Authorizing Signature: _____

If Joint Account, Joint Account Holder Signature: _____

☐ Campus E-mail Address: ☐ Other E-mail Address:

Attach a "voided" check if Checking/Now is selected in Bank Information Section

Changes to your check distribution address should be communicated on the Address Change Form through your Campus Human Resources Office or via WISE.
Please return this form to your Campus Payroll Office