

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: <input type="checkbox"/> GSC <input type="checkbox"/> KSC <input type="checkbox"/> PSU <input type="checkbox"/> SYS <input type="checkbox"/> UNH		

Bank Information This will be your payment method for all payments disbursed through USNH.	<input checked="" type="checkbox"/> Payroll and Employee Reimbursement <input type="checkbox"/> Payroll only <input type="checkbox"/> Employee Reimbursement only <i>(default for all)</i>	
	<input type="checkbox"/> Begin Direct Deposit <input type="checkbox"/> Change Bank <input type="checkbox"/> Change Account <input type="checkbox"/> Discontinue Direct Deposit	
	Bank Name _____	<input type="checkbox"/> Checking/Now
	City and State _____	<input type="checkbox"/> Savings
	Bank Transit Routing Number _____ <i>Must be 9 Digits</i>	Account Number _____

IAT Information Complete this section if deposit is being forwarded to a bank outside the U.S.	<input type="checkbox"/> <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Payroll <input type="checkbox"/> Business <input type="checkbox"/> 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: _____
	<input type="checkbox"/> Campus E-mail Address: <input type="checkbox"/> 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