

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

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		TYPE OF ACCOUNT (Select One)																					
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings																					
ADDRESS		ACCOUNT NUMBER																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
CITY	STATE	ZIP CODE	BANK NAME																				
TELEPHONE NUMBER (WORK) (HOME)		PLEASE ATTACH A VOIDED CHECK																					
AREA CODE()		OR DEPOSIT SLIP WITH ROUTING																					
		NO. AND ACCOUNT NO.																					
SOCIAL SECURITY NUMBER																							
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DEPOSITOR CERTIFICATION																							
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.																							
SIGNATURE		DATE																					
JOINT ACCOUNT HOLDERS CERTIFICATION																							
I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS FORM, INCLUDING THE AUTHORIZATION FOR RECOVERY.																							
SIGNATURE		DATE																					