UNIVERSITY AT BUFFALO FOUNDATION, INC. UMRS/UDRS RESIDENTS/FELLOWS **DIRECT DEPOSIT FORM**

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

CAMPUS ADDRESS

U.S. MAIL ADDRESS

<u>FAX</u>

UB Foundation, Inc

UB Foundation, Inc.

<u>(</u>716) 645-3475

Center for Tomorrow North Campus

PO Box 900 Amherst, NY 14226-0900

1 27		EMPLOYEE INFO	RMATION			
nployee Name: Last Name		First	First Name		Middle Initial	
ployee Address:						
projectraaress.	Street	City		State	Zip	
	Home P		Work	Phone ()		
	FINA account Selection – attac	ANCIAL INSTITUTIO			r ACH number.	
ne of Financial Ins						
	Name		City/State		Branch	
	☐ Checking			Partial	☐ Full Amount	
☐ Changes are	e for this account only, o	ther accounts already o	n file should not be	changed		
Routing Number						
Account Number						
Amount*			□ Pe	ercentage [Fixed Amount	
*if canceling direct	t deposit for this account	a, amount should be 0 (z	ero)			
☐ Changes are	☐ Checking		•	Partial changed	☐ Remainder	
Routing Number						
Account Number						
Amount*			□ P	ercentage [Fixed Amount	
	t deposit for this account	amount should be 0 (z	 ero)			
ority 3 me of Financial Ins	_		City/State	e	Branch	
	☐ Checking	g 🗆 Savi	ings \square	Partial	☐ Remainder	
☐ Changes are	e for this account only, o	ther accounts already or	n file should not be	changed	•	
Routing Number						
Account Number						
Amount*			□ Pe	ercentage [Fixed Amount	
*if canceling direct	t deposit for this account	z, amount should be 0 (z	ero)			
	☐This electio	n is new and will rep	lace all previous	elections.		
		DEPOSITOR CERT	TFICATION			

Date Signature

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the eligible individual consents to allow the UB Foundation, through the financial Institution, to debit the account, upon notice to the account owner, in order to recover any salary to which the eligible individual was not entitled, which was deposited 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 eligible individual is not entitled.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the eligible individual. To cancel, the eligible individual must complete a new direct deposit form indicating the cancellation. The agreement represented by this authorization may be canceled by the financial institution by providing the eligible individual 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 eligible individual and UB Foundation.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

An eligible individual may change financial institutions by completing a new enrollment form with the newly selected financial institution information. The new enrollment will cancel the enrollment at the previous financial institution, unless otherwise indicated.

QUESTIONS?

If you have any questions, please call Jahaira Lugo at (716) 645-8733