

**UNIVERSITY AT BUFFALO FOUNDATION ACTIVITIES, INC.  
DIRECT DEPOSIT FORM**

**If you wish to have direct deposit, please complete this form and request a secure link for submission from UBF Payroll.**

In accordance with regulations related to protected information included on this form, and to ensure validity of the request, completed forms are unable to be accepted via email or delivery to UBF, a secure link will be provided submission.

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Employee Address: \_\_\_\_\_  
Street City State Zip

Person Number: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

**Voided check or other proof of account ownership preprinted with your name and Routing or ACH number is required.**

**Priority 1**

Name of Financial Institution: \_\_\_\_\_  
Name City/State Branch

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Partial	<input type="checkbox"/> Full Amount
<input type="checkbox"/> Changes are for this account only, other accounts already on file should not be changed			
Routing Number			
Account Number			
Amount*	<input type="checkbox"/> Percentage	<input type="checkbox"/> Fixed Amount	
*if canceling direct deposit for this account, amount should be 0 (zero)			

**Priority 2**

Name of Financial Institution: \_\_\_\_\_  
Name City/State Branch

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Partial	<input type="checkbox"/> Remainder
<input type="checkbox"/> Changes are for this account only, other accounts already on file should not be changed			
Routing Number			
Account Number			
Amount*	<input type="checkbox"/> Percentage	<input type="checkbox"/> Fixed Amount	
*if canceling direct deposit for this account, amount should be 0 (zero)			

**Priority 3**

Name of Financial Institution: \_\_\_\_\_  
Name City/State Branch

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Partial	<input type="checkbox"/> Remainder
<input type="checkbox"/> Changes are for this account only, other accounts already on file should not be changed			
Routing Number			
Account Number			
Amount*	<input type="checkbox"/> Percentage	<input type="checkbox"/> Fixed Amount	
*if canceling direct deposit for this account, amount should be 0 (zero)			

**This election is new and will replace all previous elections.**

**DEPOSITOR CERTIFICATION**

I certify that I have read and understand this form, including the authorization for recovery on the second page. In signing this form, I authorize my salary payment to be sent to the financial institution(s) named above to be deposited to the designated account(s). I understand the first payroll cycle is a test cycle and direct deposit will start the second payroll cycle after submission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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.

## AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the eligible individual consents to allow the UB Foundation Activities, Inc., 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.

## QUESTIONS?

If you have any questions, please email [UBF-Payroll@buffalo.edu](mailto:UBF-Payroll@buffalo.edu) or call UB Foundation, Inc. at (716) 645-3011 and ask to speak with a member of the payroll team.

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