The Research Foundation of State University of New York at Buffalo

DIRECT DEPOSI Directions: To enroll for direct deposit, read instructions and	T OF SALARY ENRO		, obtain the signature of your
joint account holder. Please be sure to include your account nu Resources, 120 Crofts Hall, Buffalo, NY 14260. Questions may b	mber, account type, as well as the l	Bank ID/routing number. Return th	
Type of Transaction	: <u>New</u>	<u>Change</u> Cancel	
SECTION 1 (To be completed by employee.)	PLEASE PRINT		
Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number (work):	_ Person #: Last 4 digits of Social Security #		
SECTION 2			
Primary Account – If you are depositing to more t	than one account, any excess	funds will go to the primary a	account.
Name of Financial Institution:			
Type of Account: (select one) Checking	□ Savings Amount/Per	centage to be deposited:	
Account Number:			
Additional Account			
Name of Financial Institution:			
Type of Account: (select one) Checking	□ Savings Amount/Pe	rcentage to be deposited:	
Account Number:Bank ID/Routing Number:			
Additional Account			
Name of Financial Institution:			
Type of Account: (select one) Checking	□ Savings Amount/Per	centage to be deposited:	
Account Number:	Bank ID/Routing N	umber:	
SECTION 3 Depos I certify that I have read and understand the guid signing this form, I authorize my salary payment designated account(s).		orm, including the authoriza	
	ACH A VOIDED CHECK OR PROCESSING YOUR DIRECT		
Employee: Signature		Date	
Joint Account Holder: Signature		Date	

SECTION 4 (To be completed by University Human Resources)

I certify that the above named person is an employee of The Research Foundation and is in an employee category eligible to participate in the direct deposit program at this location.