UNLV
UNIVERSITY OF NEVADA LAS VEGAS

F6 Payment Disposition

Direct Deposit Enrollment Form

For checking accounts:
Complete the top section and attach a voided check or a copy of a voided check.

For savings account:
Complete the top section of this form. You will need information from your savings institution that details the ACH Routing Transit Number and savings account number. Contact your financial institution for the proper transit number, as it may differ from your checking account. (If you opened your savings account outside of the Las Vegas area, contact the original branch of your financial institution where you opened the account for their specific transit number.)

Enroll By Fax
Fax the completed form and a copy of a check or the ACH routing number of your savings account to 895-3519.

Drop Off In Person
Deliver the completed form and a copy of a check (if applicable) to:

- **Payroll Services Department**, Campus Services Building, Room 244 (You can also fill out enrollment forms in person at this office.)
- **Bursar's Office** receptionist, Student Services Complex, Room 133
- **Shadow Lane** — School of Dental Medicine, HR Dept., Building B, Cubicle 1, collects direct deposit paperwork on the 10th of each month from 1 p.m. to 4 p.m.

Which institution do you work at: ❑ UNLV ❑ CCSN ❑ Nevada State

Employee Type: ❑ Faculty/ Professional Staff ❑ Classified ❑ Graduate Assistant/LOA

Employee Name: _____

HR Employee ID Number: _____ Phone Number: _____

Your employee ID# can be found on your paycheck stub and HR documents. If you have not received your ID# yet, please call Payroll Services.

Bank Name: _____

Acct. Type:

❑ Checking
Attach a voided check

❑ Savings
ACH# (9 digits): _____

Acct. #: _____

I hearby authorize my employer to initiate credit entries and to initiate if necessary debit entries and adjustments for any entries in error to my (our) account indicated above and the depository to credit and/or debit the same to such account.

_____ _____
Signature Date

To Cancel Direct Deposit

Fill out the above employee information and sign below. Return to Payroll Department, Campus Services Building, Room 244.

I hereby cancel the authority previously given to my employer by this written notification from me of its termination in such time and in such manner as to afford the employer and the depository a reasonable opportunity to act on it. I understand that my final check will not be banked.

_____ _____
Signature Date

For Payroll Dept Use:

Effective Date: _____

Financial Institution ID Number: | | | | | | | | | |

Account Number: | | | | | | | | | | | | | | | |

For questions about direct deposit call Payroll Services at 895-3825