Payroll Office
College Hall Room 114
payroll.office@gallaudet.edu

Gallaudet University
Direct Deposit and Pay Card Form

Name_____ **SSN** _____

Email Address _____ **Daytime Telephone #** _____

My Status is: ☐Regular-Status Faculty, Teacher or Staff ☐Temporary ☐Student

Direct Deposit to your checking or Savings Account (Only 1 checking and/or 1 Savings account)

Action: ☐New Direct Deposit ☐Change Direct Deposit ☐ Cancel Direct Deposit

Please complete this section:

Bank Account # 1

Bank Name _____

Bank Transit/ABA Number _____

Bank Account Number _____

Account Type (check one)

☐ Checking or ☐ Savings

Amount to be transferred

☐Net Pay or ☐Partial Amount $_____

For Direct Deposit to a checking account attach:

- A voided check (no Deposit Slips)
- Direct Deposit Form from your bank
- Bank Identification Card

Bank Account # 2

Bank Name_____

Bank Transit. ABA Number_____

Bank Account Number_____

Account Type (check one)

☐ Checking or ☐ Savings

Amount to be transferred

☐ Net Pay or ☐ Partial Amount$_____

For Direct Deposit to a savings account attach:

- A Direct Deposit Form your bank
- Bank Identification Card

Terms of agreement for direct deposit

If I want to cancel direct deposit - I understand that I may cancel my Direct Deposit by providing written notice to Payroll at least 10 business days before the next pay date.

If I change or close my bank account- I understand that it is solely my responsibility to notify Payroll immediately of any changes to my bank account that my affect my direct deposit.

Aline Card by ADP

Aline Card Starter Pack in ☐ English or ☐ Spanish

Amount to be transferred ☐Net Pay or ☐ Partial Amount $_____ ☐Cancel Deposit to my Aline Card

(Your Aline Card by ADP will be mailed to your address that is on file with the Payroll Office within the next 10 business days.)

By accepting and using my Aline Card, I agree to be bound by the terms and conditions outlined in the Aline cardholder Agreement. I hereby authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my Aline Card. This authorization is to remain in full force and effect until ADP has received written notice from me of its termination in such time and in such manner as to afford ADP reasonable opportunity to act on it. I agree that I have reviewed, and understand the ALINE Cardholder Fees Summary.

To be completed by the Payroll Office
Routing Number_____ Account Number_____

Confirmation of Deposit

I understand it is my responsibility to prevent overdraft by verifying each deposit is in my account before I write checks or use my Aline pay card. In the event that funds are transmitted in error to my bank account or Aline Card, I authorize Gallaudet University and/or ADP to reverse the deposit or debit the funds from my account. I understand that if a reversal of funds is necessary, I will be advised by the university in advance.

I certify that the information provided is correct and that I have read and understand the terms of this agreement. By signing this agreement, I authorize Gallaudet University and/or ADP to send my payments to the:

☐ Accounts at the financial institution named above or ☐ the Aline Card by ADP.

Your deposit information will be shared with the Gallaudet University Finance Office

Signature_____ Date_____