

**UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH
AUTHORIZATION TO DEPOSIT PAYROLL AND ACCOUNTS PAYABLE CHECKS**

I hereby authorize the UCAR Finance Department to deposit my bi-weekly payroll and accounts payable/travel reimbursements, until further notice, to the following accounts listed below, and, if necessary to electronically debit my account to correct erroneous deposits or other extenuating circumstances. UCAR is authorized to recover funds in the event of an erroneous transaction.

ACCOUNT A: If you would like your entire net pay in one account or the **balance** of your pay (after B and/or C deposits). Accounts Payable/Travel Reimbursements will be deposited to Account A, unless otherwise specified.

Name of Bank/Credit Union _____
(Please print)

City _____ State _____ Zip _____ Phone # _____

Account # _____ Savings (OR) Checking

Routing # _____ (9-digit # on lower left corner of check or attach voided check with this form)

ACCOUNT B: If you would like to deposit to a second account, this must be a specified dollar amount:

Name of Bank/Credit Union _____
(Please print)

City _____ State _____ Zip _____ Phone # _____

Account # _____ Savings (OR) Checking

Routing # _____ Deposit \$ Amount: _____

Account C: If you would like to deposit to a third account, this must be a specified dollar amount:

Name of Bank/Credit Union _____
(Please print)

City _____ State _____ Zip _____ Phone # _____

Account # _____ Savings (OR) Checking

Routing # _____ Deposit \$ Amount: _____

*** Please check B or C to specify a different account other than Account A for accounts payable /travel reimbursements ***

Employee Name (please print) _____ Employee Id _____

Employee Signature _____ Date _____

RETURN TO THE PAYROLL DEPARTMENT - FLA - Attention Payroll or Email to payroll@ucar.edu