

**ADMINISTRATION & FINANCE***Payroll Office*

**DIRECT DEPOSIT AUTHORIZATION (Form PAYR-04)**

|  |  |
| --- | --- |
| Employee Name |  |
|  |  |
| ID # |  |
| Contact Number 🕿 Email Address |  |
| Department / Unit |  |
| Financial Institution |  |
| Bank branch |  |
| Account # |  |
|  | ***Note:*** *Notify payroll of any ACCOUNT NUMBER changes ASAP* |
|  |  ***This will supersede any existing account*** |
| Type of Account | Savings (S)  |  | Checking (D) |  |  |
|  | ***Please check one 🗹*** |
| Effective date**:** |  |

* I hereby authorize the UNIVERSITY OF GUAM, PAYROLL OFFICE to deposit the FULL NET of my paycheck into my bank account.
* I agree that the UNIVERSITY OF GUAM will endeavor to deliver my deposit to the bank by the official Friday payday.
* I recognize that the bank may not credit my account on the day they receive the deposit.
* I also agree that the UOG PAYROLL OFFICE will not be held responsible for maintaining records of cumulative deposits made.
* Accepted Institutions: *Bank of Guam, Bank of Hawaii (GU)(HI)(Saipan), Bank Pacific, Citibank (GU), ANZ Guam, Inc., Community First Guam FCU, First Hawaiian Bank (GU/HI), Coast 360 FCU, Navy Federal CU, Pentagon FCU, USAA Federal Savings Bank.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Employee |  | Date |