



**ST. THOMAS UNIVERSITY  
DIRECT DEPOSIT AUTHORIZATION FORM  
(available to full-time regular employees only)**

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

**COMPLETE THIS SECTION TO SET UP OR CHANGE DIRECT DEPOSIT:**

I would like to:

- SET UP A NEW DIRECT DEPOSIT to the account designated below.
- CHANGE my existing DIRECT DEPOSIT to the account designated below.
- CANCEL my existing DIRECT DEPOSIT.  
(Before canceling your **existing** direct deposit account, please contact HR.)

Please note: Electronic deposit of funds into your designated account will occur **approximately** two (2) payperiods after this form is submitted to HR.

I authorize St. Thomas University to automatically deposit my net pay to:

\_\_\_\_\_

Bank Name Bank Routing/Transit Number

Bank Address

\_\_\_\_\_ **OR**  \_\_\_\_\_

Checking Acct. # (attach voided check) Savings Acct. #

It is your responsibility to validate your bank account routing number and your personal account number with your bank to process the electronic transmission of funds correctly.

I release St. Thomas University of any liability which might result from having my funds electronically deposited into the account I designate. If funds that I am not entitled to are deposited into my account, I authorize the return of these funds to St. Thomas University. This authorization will remain in effect until termination of my employment with St. Thomas University.

\_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature

Please complete and forward this form (with voided check, if applicable) to:  
Mrs. Isaura Mariota, Payroll Manager/HRIS Specialist  
Office of Human Resources, Kennedy Hall Room 104  
Office: (305) 628-6512  
[imariota@stu.edu](mailto:imariota@stu.edu)