The University of North Carolina at Chapel Hill
Direct Payroll Deposit Authorization Form for Faculty, Post-Docs, and EPA Student Employees

Instructions:

- *Submit a direct deposit authorization form upon hiring and whenever your bank or account information changes.*
- *This form (PR-8A) is for use by Faculty, Post-Docs, and EPA Student Employees only. (EPA rank codes: 01–05 and 20–28.) If you are uncertain whether this includes you, ask your department's Human Resource Facilitator.*
- ***Initial authorizations with this form must be certified by the Department's Human Resources Facilitator** or other Department Representative prior to submission. Forms lacking the required certification will be returned. (Submissions for a change in bank or account do not require certification.)*
- *Give completed form to your Human Resource Facilitator or submit to Payroll Services, CB# 1260, UNC-Chapel Hill, Chapel Hill, NC 27599-1260.*
- *Please print or type.*

Check one: ☐ New Authorization ☐ Change in Bank or Account

1. Bank or Credit Union Name _____

2a. City _____ **2.b State** ___

3. Employee Name _____

☐ Checking ☐ Savings

4. Account Type (check one)

5. Employee Social Security No. _____

6. Bank or Credit Union Transit No. _____

7. Bank or Credit Union Account No. _____

8. Employee Type (**check one):**

☐ Student Employee paid on the EPA biweekly payroll
☐ Faculty, Post Doc, or EPA Student Employee paid on the monthly payroll

I authorize my employer, The University of North Carolina at Chapel Hill, to deposit my net payroll earnings to my bank account indicated on this form.

I understand that, should I terminate University employment, my final paycheck will not be deposited to my bank account but will be forwarded to my department.

9. Date _____ **10. Signature** _____

11. Attach a pre-printed **VOIDED CHECK** from your bank or credit union checking account below. For direct deposit to a savings account, attach written documentation.

Attach voided check here

DEPARTMENTAL USE ONLY: I-9 CERTIFICATION

I certify that Section One and Section Two of Form I-9, Employment Eligibility Verification, have been completed and that Form I-9 indicates that the employee for whom this initial payroll direct deposit request is submitted is eligible to work in the United States.

HRF/Departmental Representative Signature: _____ Date: _____

Departmental Representative Name and Title: _____

New authorization forms not certified above will be returned.