



1106.1.2f - 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. If you are uncertain whether this includes you, ask your department's Human Resource Officer.
- **Initial authorizations with this form must be certified by the Department's Human Resources CZJWff** 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	2.a. City	2.b. State
3. Employee Name	4. Account Type (check one)	
	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
5. Employee PID	6. Bank or Credit Union Transit Number	
7. Bank or Credit Union Account Number		

8. Employee Type:

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.
- IRS Federal Regulations require that if you forward **the entire amount of your direct deposit** from your U.S. bank to a bank in another country, you must advise Payroll Services 919-962-0046 or payroll@unc.edu

9. Date _____

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.

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.

Attach voided check here