

**UNIVERSITY SYSTEM OF NEW HAMPSHIRE
PAYCHECK DISTRIBUTION FORM
(Authorization to deposit net check)**

PLEASE PRINT CLEARLY	Name: _____ Last First Middle		
	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Telephone Number: _____
	CAMPUS: <input type="checkbox"/> KSC <input type="checkbox"/> PSC <input type="checkbox"/> CLL <input type="checkbox"/> UNH <input type="checkbox"/> SYS		
Select Option 1 if you want automatic deposit through the Automated Clearing House. Select Option 2 if you want to cancel your automatic deposit. Select Option 3 or 4 for desired CHECK/STUB distribution.			
OPTION 1	I Herby authorize and request the University System of New Hampshire, hereinafter called USNH, to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries or adjustment entries initiated by USNH to such account and to enter the same to such account without responsibility for the correctness thereof.		
			Check One Box
	Bank Name	1. Checking/Now <input type="checkbox"/>	2. Savings <input type="checkbox"/>
	City and State		
	Required Information for ACH Transfer:		Effective Date: _____
	Depositor Account Number Information		
	Bank Transit Routing Number		Account Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	9 Digits		
	Employee signature:	If Joint Account, Joint Account Holder Signature:	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	It is understood that this agreement may be terminated by me at any time by written notification to USNH or Bank. Any such notification to Bank shall be effective only with respect to entries initiated by USNH after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Bank shall be effective only with respect to entries credited to my account by Bank or after receipt of such notification and a reasonable time to act on it.		
OPTION 2	Cancel my current automatic deposit through Automated Clearing House and send my check to: Check one box: <input type="checkbox"/> New Bank in Option 1 <input type="checkbox"/> Send my check to the address in Option 3 or 4		
OPTION 3 or 4	Circle one: Send my CHECK STUB to MY CAMPUS ADDRESS OR OFF CAMPUS ADDRESS: Dept: _____ Building: _____ OR Street/P.O. Box _____ Apt # _____ City: _____ State: _____ Zip Code: _____ Employee's Authorizing Signature: _____ Date: _____		

Please Note: (1) A prenotification entry for debits and/or credits must be sent to the receiving bank through the Automated Clearing House at least 10 calendar days before the initiation of live entries.
(2) A prenotification (zero-dollar) entry is a transaction that flows from the originating institution through the Automated Clearing House to the receiving financial institution prior to the exchange of any funds verify correctness of information and alert the receiver to the fact that the customer named in the transaction has authorized the originating company to debit or credit the account shown in the entry.

Staple Here

Attach a "voided" check here if Checking/Now is selected in Option 1