Employee Direct Deposit and ACH Payment Enrollment

Western Connecticut State University is expanding its e-commerce project in accordance with its paperless initiative. As a result WCSU is enlarging the scope of its Direct Deposits through the Automated Clearing House (ACH) payment system. The transition to electronic payments will reduce costs, improve efficiency and increase security.

Please complete and sign the attached form and fax it to the Travel Department at 203-837-8659, or mail it to the attention:

Western Connecticut State University
181 White Street
Danbury, CT. 06810

Att: Travel Department

Following are the relevant facts concerning direct deposit.

**ACH Advantage:** Direct Deposit (ACH) is known to be the safest, fastest, and most convenient method of payment, and provides bottom line benefits. To enroll in the Direct Deposit and ACH process, you must have a valid checking or savings account at a financial institution that participates in Automated Clearing House (ACH). Most banks and credit unions participate in ACH.

In order to successfully carry out WCSU’s fiscal responsibility, the individual agrees:

To the provisions of the ACH agreement
To provide accurate information
To verify the recipients identity to the satisfaction of the receiving bank
That any revised authorization will replace the previous authorization
WCSU may reverse any duplicate or erroneous credit entry

Authorization shall remain valid until it is terminated or revoked by:
A change in the recipients ownership of the deposit account, the death or legal incapacity of a recipient, the closing of the recipients account at the receiving bank.

Thank you for your assistance and cooperation in this initiative.
**Direct Deposit and ACH Payment Form**

See Page 2 for Terms and Conditions

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<thead>
<tr>
<th>Type of Action (Please check one)</th>
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<td>[ ] New [ ] Change [ ] Cancel</td>
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**Retain a copy of this agreement for your records**

**INDIVIDUAL/DIRECTOR INFORMATION**

[ ] Individual

[ ] I am currently a Student employee

Banner ID #____________________

Banner ID required for WCSU Students/Staff

Name:__________________________

Address________________________

Street__________________________

City, State and Zip Code__________

Phone: ( )_______________________


**Accounts Payable Office Use Only**

Employee No.:___________________


**FINANCIAL INSTITUTION INFORMATION**

(or attach cancelled check)

Bank Name:________________________

Bank Account Number:__________________

Nine-Digit Bank Routing Number: ____________

Type of Account: [ ] Savings [ ] Checking

**NOTIFICATION METHOD**

Preferred Notification is via e-mail:

(Primary) E-mail address:________________________

(Secondary) E-mail address:________________________

I have read, understand and agree to the **Terms and Conditions** on page 2.

Signature:__________________________ Date:__________________________

If you have any questions concerning ACH transactions, please contact:

**Tammie Battista at (203) 837-8378**

For Business Office Use Only (Initial & Date Receipt of form)

Accts Payable________________________ Travel Dept.________________________
TERMS AND CONDITIONS

Submission of the Direct Deposit and ACH Payment Enrollment Form authorizes Western Connecticut State University to electronically deposit payments through the Federal Automated Clearing House (ACH) to the bank listed on page one pertaining to payroll checks, travel, refunds, refunds (including Title IV) and vendor (company or individual), whichever is applicable.

Non Payroll ACH:
This authorization is to remain in full force and effect until vendor (company or individual) provides advance written notice of termination or in such a time and manner to afford the State and the bank named on page one a reasonable opportunity to act on it. It is the sole responsibility of the vendor (company or individual) to stop such transactions. WCSU may reverse any duplicate or erroneous credit entry.

Payroll ACH:
In the event that the State notifies the bank that the funds, which I did not earn, have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to the State as soon as possible. In the event such unearned funds have been drawn from that account so that return of those funds by the bank to the State is not possible, I hereby authorize the State to recover those funds by deducting the amount of said funds from any future salary payments from the State until the amount of the unearned deposit has been recovered in full.

In the event my employment with the State is terminated for any reason whatsoever, and if at the time of such termination I have had unearned pay automatically deposited in my checking/savings account, I will immediately repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the State in the collection of such unearned pay, together with the maximum interest by law. I must notify the HR & Payroll Offices three (3) weeks in advance of closing the above account. If I fail to do so, I understand that it may take up two (2) weeks to recover funds sent to a closed account.