

1. Enter your information on this online form.
2. Print and sign it.
3. ~~6 XEP U\WLV IRUP W\ RXU~~ ~~UFDOB DA URO~~ & Benefits Services
Office:

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 3 DA URO & Benefits 6 HUYFHV
 Marshfield Building - Room 110
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Springfield
 University of Illinois at Springfield
 Payroll & Benefits Services
 One University Plaza, BSB 85
 Springfield, IL 62703-5407
 Fax: (217) 206-7210

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Payroll Distribution

Employee Information

Last Name First Name University Identification Number (UIN)

R \ RX SDQR WDCMHUWH DP RXQVRI DQ GSRMWRX UHFHYH GXUQJ \ RXUHQRCD HQVQWH 8 QLYHUVWV GUHFV
GSRMWSURJUDP VRI DIRUHQ LH QRQ 8 6 EDQNDFFRXQW VHDVVRQH <HV 1 R

1 RM ,I \ RX DQVZHUQR EXVDVQ VPHZICQEH WDCMHUHQJ WH DP RXQVRI D 8 QLYHUVW RI ,CQRV GSRMWR D
IRUHQJ Q EDQNDFFRXQWRUDQ UHDMRQ GXUQJ \ RXUGUHFV GSRMWRHQCD HQM RX P XWQRV 8 QLYHUVW 3 D URO

,I \ RX DQVZHU\ HV SURYGH WH FRXQW DQG DGGUHV RI
WH WDCMHUGHMQRQ

Authorizations

Net Pay Direct Deposit

Specified Amount Deposit (Credit Unions Only)

Direct Deposit my net pay
Change my financial institution or account

Dollar amount to a credit union
Change credit union or amount

Name of financial institution:

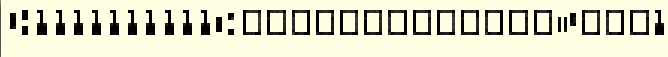
Check appropriate credit union:

Enter the transit and routing numbers displayed at
bottom left of your checks:

- CEFCU
- Credit Union 1
- Heritage Credit Union
- Sangamon Schools Credit Union
- U of I Employees Credit Union

Transit/Routing # Account # Check #

Amount: \$



My transit/routing and account numbers:

My account number:

Type of account:

Checking Savings

Type of account:

Checking Savings

I authorize and request the University of Illinois to distribute my earnings as indicated above, and agree that the University may withhold a sufficient amount to cover obligations which may be due or become due the University whether by contract, lease, under its rules and regulations, or otherwise. I authorize the University of Illinois to direct my recurring payments for crediting in my account(s) indicated at the financial institution(s) designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated or the University of Illinois reserves the right to cancel this agreement by notice to me.

Signature

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For office use only Processed by:

Processed date: