1. Enter your information on this online form.
2. Print and sign it.
3. Present the signed form in person with appropriate identification to your local Payroll & Benefits Services Office:

**Chicago**
University of Illinois at Chicago
Payroll & Benefits Services
Marshfield Building - Room 110
809 South Marshfield Avenue
Chicago IL, 60612
Mon. -Fri. 10am-3pm

**Springfield**
University of Illinois at Springfield
Payroll & Benefits Services
One University Plaza, BSB 85
Springfield, IL 62703-5407
Mon. -Fri. 10am-3pm

**Urbana-Champaign**
University of Illinois at Urbana-Champaign
Payroll & Benefits Services
HAB, Room 100A North, M/C 318
506 South Wright Street
Urbana IL, 61801
Mon. –Fri. 10am-3pm
Employee Information

Last Name: ___________________________ First Name: ___________________________ University Identification Number (UIN): ___________________________

Do you plan to transfer the amount of any deposit you receive during your enrollment in the University’s direct deposit program to a foreign (i.e. non-US) bank account? (Select One)  ○ Yes  ○ No

Note: If you answer "no", but at any time will be transferring the amount of the University of Illinois deposit to a foreign bank account for any reason during your direct deposit enrollment, you must notify University Payroll & Benefits.

If you answer "yes", provide the country and address of the transfer destination:

Street: ___________________________
City: ___________________________
State or Province: ___________________________
ZIP or Postal Code: ___________________________

Authorizations

Net Pay Direct Deposit (Required)

○ Direct Deposit my net pay
○ Change my financial institution or account

Name of financial institution: ___________________________

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

Transit/Routing #: ___________________________ Account #: ___________________________

My transit/routing and account numbers: ___________________________

Type of account:  ○ Checking  ○ Savings

Specified Amount Deposit (Optional)

○ New Dollar amount and/or financial institution
○ Change amount and/or financial institution

Name of financial Institution: ___________________________

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

My transit/routing and account numbers: ___________________________

Amount: ___________________________

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: ___________________________ Date: ___________________________

For office use only Processed by: ___________________________ Processed date: ___________________________