

DIRECT DEPOSIT AUTHORIZATION

Employee Name _____

 ID # _____
 Contact Number ☎ Email _____
 Address _____
 Department / Unit _____
 Financial Institution _____
 Bank branch/Routing # _____
 Account # _____
Note: Notify payroll of any ACCOUNT NUMBER changes ASAP
This will supersede any existing account
 Type of Account Savings (S) Checking (D)
Please check one
 Effective date: _____

- I hereby authorize the UNIVERSITY OF GUAM, PAYROLL OFFICE to deposit the FULL NET of my paycheck into my bank account.
- I agree that the UNIVERSITY OF GUAM will endeavor to deliver my deposit to the bank by the official Friday payday.
- I recognize that the bank may not credit my account on the day they receive the deposit.
- I also agree that the UOG PAYROLL OFFICE will not be held responsible for maintaining records of cumulative deposits made.
- Accepted Institutions: *Bank of Guam, Bank of Hawaii (GU)(HI)(Saipan), Bank Pacific, Citibank (GU), Community First Guam FCU, First Hawaiian Bank(GU/HI), Coast 360 FCU, Navy Federal CU, Pentagon FCU, USAA Federal Savings Bank.*

Signature of Employee

Date

T: +1 671.735.2950 F: +1 671.734.3118 W: www.uog.edu E: payroll@triton.uog.edu

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913

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