

**UNIVERSITY AT BUFFALO FOUNDATION, INC.
DIRECT DEPOSIT FORM
ACCOUNTS PAYABLE**

If you wish to enroll in direct deposit for your accounts payable payments, complete the information below. **Attach a copy of a voided check or other proof of ownership preprinted with your name, routing and account numbers. Attach a copy of your valid UB ID card.** Read and check the certification below. Click the button below to submit all forms to UBF Accounts Payable via a secure link.

Employee Name: _____
Last Name First Name Middle Initial

Home Address: _____
Street City State Zip

Person Number: _____ UBIT Name: _____ Work Phone (____) ____ - _____

University email address: _____

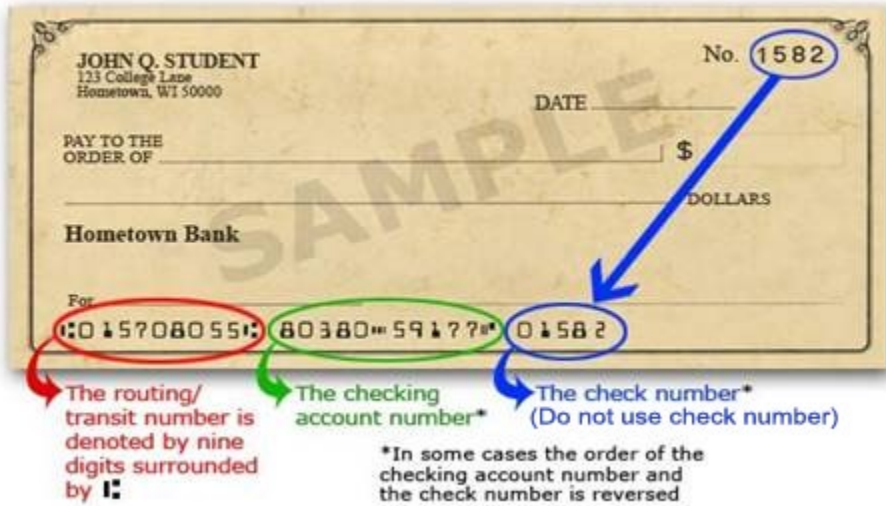
FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Name City/State Branch

Type of bank account	Please select Checking or Savings from the dropdown.
Routing Number	
Account Number	

Split deposits are not allowed. Only one account may be selected.

At the bottom of your check, you will find your bank routing number, checking account number and check number. See below for an example:



- This election is new.
- This election is a change and will replace all previous elections.

DEPOSITOR CERTIFICATION

By checking this box, you certify that you have read and understand this form, including the authorization for recovery of funds deposited in error. You certify that you are an authorized signatory on the bank account and authorize the accounts payable payment to be sent to the financial institution named above to be deposited to the designated account. This agreement represented by this authorization remains in effect until canceled by the eligible individual.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By certifying this form, the eligible individual consents to allow the UB Foundation, through the financial Institution, to debit the account, upon notice to the account owner, in order to recover any payments to which the eligible individual was not entitled, which was deposited in error. This means of recovery shall not prevent the UB Foundation from utilizing any other lawful means to retrieve payments to which the eligible individual is not entitled.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the eligible individual. To cancel, the eligible individual must complete a new direct deposit form indicating the cancellation. The agreement represented by this authorization may be canceled by the financial institution by providing the eligible individual and the UB Foundation with a written notice 14 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the eligible individual and UB Foundation.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

An eligible individual may change financial institutions by completing a new enrollment form with the newly selected financial institution information. The new enrollment will cancel the enrollment at the previous financial institution, unless otherwise indicated.

QUESTIONS?

If you have any questions, please call Rose Dommer at (716) 645-8749.