

DIRECT DEPOSIT

SUBMIT COMPLETED FORM TO:

FAX: 302 – 328 - 8871

MAIL: Wilmington University Payroll
320 N. DuPont Hwy, New Castle DE 19720



Name: _____

Bank Name	Bank Trans ABA Number	Bank Account Number	Type of Account Indicate: Checking or Savings	Indicate Deposit Amount (only if between 2 accounts)

Please complete all information in full. Payroll will not be able to process this request without all information. It will take one pay for your account to be verified. If you are unsure of your bank's Trans ABA Number or which account number to use, please check with your bank before forwarding this request to the Payroll Office.

If you use a Credit Union, please contact them for the correct information before submitting this request to Payroll

FOR VERIFICATION OF CHECKING ACCOUNT PURPOSES, PLEASE ATTACH A VOIDED CHECK--

Employee Signature

Date

IF YOU ARE DECLINING THE DIRECT DEPOSIT BENEFIT, PLEASE CHECK THE BOX AND SIGN BELOW

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Employee Signature

Date