



706.1.1f - ELECTRONIC PAYMENT AUTHORIZATION FOR INDIVIDUALS

I authorize the University of North Carolina at Chapel Hill to deposit any payments to the bank account as named below.

Please Print or Type

1. Bank or Credit Union Name		2a. City	2b. State
3. Payee Name		4. Account Type (check one): Checking Savings	
5. SSN or TIN	6. Bank or Credit Union Transit No.	7. Bank or Credit Union Account No.	

8. This is a (check one) New Authorization Change in Bank or Account

9. This authorization will remain in effect until I give written notification to UNC-Chapel Hill Disbursement Services to cancel it. A minimum of seven (7) days must be allowed for processing a cancellation or change.

Date:

Email:

Phone Number:

Signature: _____

10. Attach a copy of your pre-printed bank or credit union voided check (for verifying account numbers) or a deposit slip (for savings accounts) provided by your bank or credit union in the box below.

Instructions to Complete Form

1. Enter the name of the bank or credit union where you have your account.
2. Enter the City and State where you have your bank or credit union account.
3. Enter your name as it appears on your social security card or Business Name.
4. Indicate the type of bank or credit union account that will receive the direct deposit.
5. Individuals, enter your social security number as it appears on your social security card. Vendors, enter TIN.
6. Enter the 9-digit bank transit number that appears in the lower left-hand part of your deposit slip or check.
7. Enter your bank or credit union account number which is located after the bank transit number.
8. Indicate if this is a new authorization for change in authorization.
9. Read the statement, sign, and date the form.
10. Attach a copy of your pre-printed bank or credit union voided check (for checking accounts) or a deposit slip (for savings accounts) provided by your bank or credit union.

Include this form with other supporting documentation when creating/editing an entry via ConnectCarolina.