

Switching To University of Nebraska Federal Credit Union

Authorization to Transfer Funds

Account Information

Owner Name: _____

Account Number: _____

Joint Owner: _____

Transfer Account Funds From:

Financial Institution Name: _____

Account Number: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Instructions To Transferring Institution:

- Transfer all funds and close my account.
- Transfer the funds immediately.
- Transfer exactly: _____
- Transfer funds on the following date _____
- Other _____

Please accept this letter as my authorization to transfer funds from the above named account to:

**University of Nebraska Federal Credit Union: Attn: New Accounts Manager; 1630 Q Street,
P.O. Box 82847 • Lincoln, NE 68501-2847**

University of Nebraska Federal Credit Union Routing Number: **304982688**

Please make sure the check is payable to University of Nebraska Federal Credit Union and note on the check that it is for deposit to my account number: _____

Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

Direct Deposit Request

Date: _____ Social Security # / TIN: _____

Employee Name: _____

Name of Employer: _____

Employer Address: _____

New Financial Institution: **University of Nebraska Federal Credit Union 1630 Q Street,
 P.O. Box 82847 • Lincoln, NE 68501-2847**

New Financial Institution Routing Number: **304982688**

New Financial Institution Account Number: _____ (to be completed by NUFCU if unknown)

Payroll Number: _____ Effective Deposit Start Date: _____

Deposit Amount

<input type="checkbox"/>	Checking
<input type="checkbox"/>	Savings
<input type="checkbox"/>	Net Check
<input type="checkbox"/>	\$ _____

Payroll Period

<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Bi-Weekly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Semi-Monthly

I hereby authorize and request the employer (named above) to deposit the amount indicated and deposit these funds at University of Nebraska Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make deductions in accordance with this Authorization.

Signature _____ Date _____

Employer may require you to complete their own form and or include a voided check for the account funds will be deposited in.

Electronic Payment Change Request

Name of Payee / Merchant: _____

Payee / Merchant Address: _____

Account #: _____ Amount of Payment \$ _____

Phone: _____ Date: _____

I hereby authorize and request that my electronic payment from:

Account # _____ at _____ (financial institution)

be changed to University of Nebraska Federal Credit Union, (**ABA Routing Number: 304982688**)

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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University of Nebraska Federal Credit Union Account # _____

I authorized this change in electronic payment effective: _____

Signature _____ Date _____

Check with your service provider. Some companies may require you to complete their own form for regular electronic payments.

Services Request Form

Please check each service that you would like more information about:

- Savings Accounts
- Free Checking
- Money Market Accounts
- Share Certificate Accounts
- Check / Debit Cards
- Direct Deposit
- Credit Cards
- Home Loans
- Automobile Loans
- Home Equity Loans
- Home Equity Lines of Credit
- Personal Loans
- Student Loans
- Individual Retirement Accounts (IRAs)
- Auto Leases
- Car Buying Services
- Web Carbook
- Credit Life Insurance
- Credit Disability Insurance
- 24-Hour Telephone Teller
- On-line banking (e-Teller)
- Electronic Bill-Pay
- Consumer Library
- Night Deposit Box
- Traveler's Checks
- Money Orders
- Payroll Deduction
- Wire Transfer
- Life Savings Insurance
- Drive-Thru Services
- ATM Service
- Free Member Education Seminars
- Free Debt Management Counseling





UNIVERSITY OF NEBRASKA MULTIPLE DIRECT DEPOSIT FORM

Please PRINT or TYPE

Employee Name _____
Last Name First Name MI

SSN _____ - -

Campus Work Address _____
Location

Work Phone () _____

Home Dept. Name _____

Check Payroll Type:
[] Bi-weekly [] Monthly

PAYROLL DIRECT DEPOSIT OPTION(S)

You MUST ATTACH a preprinted original or photocopy of a blank check, OR a voided check, OR top of a financial statement showing a preprinted account number for EACH option selected below

Option 1	Add	
	Change	
	Cancel	

PRIMARY Financial Institution Name: _____ Account Number: _____
Checking
Savings

ALL NET PAY WILL BE DEPOSITED -- NO DOLLAR AMOUNT NEEDED

Option 2	Add	
	Change	
	Cancel	

SECOND Financial Institution Name: _____ Account Number: _____
Checking
Savings

DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____

Option 3	Add	
	Change	
	Cancel	

THIRD Financial Institution Name: _____ Account Number: _____
Checking
Savings

DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____

Option 4	Add	
	Change	
	Cancel	

FOURTH Financial Institution Name: _____ Account Number: _____
Checking
Savings

DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____

I hereby authorize the University to directly deposit into the Financial Institution account number(s) listed above, as well as authorize the Institution(s) to post the pay to the above listed account(s). I authorize the University to initiate debit entries to above designated account(s) as may be necessary to correct erroneous credit entries and authorize the listed Financial Institution(s) to subtract such entries from the above designated account(s).

This agreement is effective on the next payroll processing after the signature date below and will remain in force until the University receives notice of change or cancellation from me. Any notice of cancellation must be received by the University in such a manner as to afford the University reasonable opportunity to act on it.

I understand and approve the authorization(s) or cancellation(s) as indicated above. This agreement supersedes all Multiple Direct Deposit forms with a prior date and must be signed and dated for any action on the part of the University.

EMPLOYEE SIGNATURE: _____

DATE: _____

THE SECTION BELOW IS FOR PAYROLL USE ONLY				
PAY DIST:	DISP TYPE:		PAYSTATION:	
OPTIONS:	OPTION 1	OPTION 2	OPTION 3	OPTION 4
ROUTE TRANSIT #				
ACCOUNT #				
CHECKING/SAVING				
ENTRY DATE				

See Reverse Side of This Form for More Information on Direct Deposit

Use the Multiple Electronic Payroll Direct Deposit System

How does payroll direct deposit work?

The University of Nebraska offers **ALL** employees the convenience of **Multiple Electronic Payroll Direct Deposit**. The electronic payroll direct deposit program allows you to have your pay automatically deposited directly into your personal checking or saving account(s). Most financial institutions throughout Nebraska and the United States are in the direct deposit network. Once you sign up for direct deposit, the University will send electronically your deposit amount(s) to your financial institution(s). The University will send you a pay advice showing the detail of the payroll amounts deposited to your account(s), one or two days before payday. You may add, change, or cancel deposit information by completing a new direct deposit form. You may designate a dollar amount to be deposited into up to three different institutions, as well as, your remaining net pay deposited into a primary institution. Your payroll will be deposited as soon as your direct deposit form is processed by the appropriate campus payroll area.

There are numerous benefits to the electronic direct deposit of your pay:

- Employees are not limited to Lincoln and Omaha financial institutions
- Quick and extremely convenient
- Deposit(s) will be available to you at the start of your financial institution's business day on payday, even if your account is in another city
- Deposit(s) are made automatically without any effort on your part, after your authorization form has been submitted for processing
- Safety and confidentiality is assured with electronic transfer to your account(s)
- Absolutely no charge to you for this electronic deposit service
- Receive a statement of your earnings and deductions similar to your current payroll stub
- Amount(s) of your direct deposit(s) will appear on the monthly statement you receive from your financial institution
- Know the amount of your deposit(s) before payday because a PAYROLL DEPOSIT ADVICE is mailed to you a day or two before payday
- Start earning interest on your money immediately when electronically deposited to an interest bearing account
- Avoid long lobby and drive-in lines
- No risk of misplacing your check
- Eliminates the possibility of your check being lost or stolen and forged
- Eliminates the need to go out to deposit your check in inclement weather
- Saves postage costs and avoids delays of banking by mail
- Avoids the occasional necessity of cashing full pay checks and carrying large amounts of cash
- Advantage of depositing with four different institutions at the same time
- Withdraw cash from your financial institution(s), at your convenience, since your money is in your account(s) on payday

With the multiple electronic direct deposit service, your pay will be transferred to your account(s) in all eventualities, even if you are:

- Sick
- On vacation
- Out of town
- Not scheduled to work on payday
- Working off hours

For more information or questions concerning payroll direct deposit contact either:

- UNL Payroll Office (402) 472-2010
- IANR Finance and Personnel Office (402) 472-1421

RETURN COMPLETED FORMS TO:

UNL CITY CAMPUS UNITS

UNL Data Entry Office
408 Canfield Administration Building
Lincoln NE 68588-0478

IANR UNITS

IANR Finance and Personnel Office
313 Ag Hall
Lincoln NE 68583-0705

DIRECT DEPOSIT

For Federal Benefit Payments

OMB No. 1510-0007

Sign-Up Form

TEST Standard Form 1199A
(August 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

Or call **Go DirectSM** at 1 (800) 333-1795
to sign up today.*

DIRECTIONS

Please refer to the information on the reverse side before completing this form. You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

* If you elect to enroll by phone, the **Go Direct** toll-free number may only be used for social security, railroad retirement or Office of Personnel Management payments. You may also contact each agency individually at the toll-free number below. For veterans benefits and all other types of federal payments, you must enroll directly through your paying agency either by phone or completing and mailing this form.

***Department of Veterans Affairs**
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Railroad Retirement Board
(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

A. FEDERAL BENEFIT RECIPIENT INFORMATION

NAME OF FEDERAL BENEFIT RECIPIENT		
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF LEGAL REPRESENTATIVE	
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
TELEPHONE NUMBER () - -		
SOCIAL SECURITY OR CLAIM NUMBER (under which the current federal benefit payment is received)		
[] [] [] - [] [] [] [] [] [] [] []		

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	MILITARY (specify below)
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>
RAILROAD RETIREMENT (specify below)	<input type="checkbox"/> FEDERAL SALARY
Annuity <input type="checkbox"/> Unemployment benefit <input type="checkbox"/> survivor benefit <input type="checkbox"/>	<input type="checkbox"/> VA COMPENSATION OR PENSION
CIVIL SERVICE (OPM) RETIREMENT (specify below)	<input type="checkbox"/> OTHER (specify) _____
Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>	(Military, Federal Salary, VA and "Other" not available through Go Direct)
<input type="checkbox"/> ALLOTMENT (if applicable)	(type) _____ (amount) _____

C. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name[s] on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check on reverse side)
** ACCOUNT NUMBER (see sample check on reverse side)	

** You may also attach a voided personal check.

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.	
SIGNATURE	DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.	
SIGNATURE	DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input style="width: 100px;" type="text"/>	
	_____	DOLLARS
MEMO _____		
☐123456789☐	☐0123456789☐	0001

Routing Number Account Number

(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.