

Apollo Group, Inc.
Faculty Direct Deposit Form

Check One ()
 New Change Cancellation

Section #1 New/Change:

FOR A DEPOSIT INTO YOUR CHECKING ACCOUNT please staple a voided check to the top left corner of the form. Requests will not be processed without an attached voided check, copy of voided check, or cancelled check.

FOR A DEPOSIT INTO YOUR SAVINGS ACCOUNT a letter from your bank with the routing and account number referenced will be accepted. *Note: Deposit slips and bank statements will not be accepted for any direct deposit request.*

Employee Authorization

I hereby authorize Apollo Group, Inc. to initiate credits with the Depository Financial Institution(s) indicated below. Furthermore, I authorize Apollo Group, Inc. to initiate DEBIT entries only for the purpose of correcting a deposit error. This authority is to remain in full force and effect until you have received written notification from me of its termination.

Financial Institution Information

Check () type of Account:

1. Primary Deposit Account Checking or Savings

Primary Institution: _____ Branch: _____ Phone No.: () _____

Bank Routing No.: _____ Acct No.: _____

2. Secondary Deposit Account (if desired) Checking or Savings

Flat Amount \$ _____ per pay period (remaining balance to Primary Deposit Account)

Financial Institution: _____ Branch: _____ Phone No.: () _____

Bank Routing No.: _____ Acct No.: _____

Section #2 Cancellation: Cancel Primary deposit Cancel Secondary deposit Cancel All
Cancellations received after the Payroll Deadline date, will not take effect until the following payroll.

Section #3 Employee's Approval:

I understand that occasionally my payroll deposit may be delayed or redirected because of bank or other errors and that it is my responsibility to verify that each deposit is made on a timely basis. I agree not to hold Apollo Group, Inc. liable for damages caused by any deposits made after the payroll due date. Please be sure that you have read and understood this document before signing.

Print Name: _____ Phone No.: () _____ Date: _____

Signature: _____ Social Security No.: XXX-XX-____

IRN (required): _____

FOR PAYROLL USE ONLY: _____

File No.: _____ Entered By: _____ Audited By: _____

Please mail the completed form to: University of Phoenix, 3157 E. Elwood St, MS: CF-P301, Phoenix AZ 85034