

Services Performed Outside the United States
(Employee – replaces I-9 verification)

Statement by Employee

I hereby certify that:

- I reside and will perform all of the services for Andrews University outside of the United States in the following country:

(Name of Country Where Services Performed)

- (check one)

- I am a citizen or permanent resident of the United States and understand that all applicable federal taxable income will be reported to the IRS (I will be required to complete a W-4 Form) but not to the state of Michigan
- I am **not** a citizen or permanent resident of the United States will not have any taxable income reported to the IRS or state of Michigan

I understand that if or when I begin to perform services in the United States, I must immediately notify Andrews University, via email to employment@andrews.edu and my supervisor below.

(Printed Name)

ID #

(Signature)

(Date)

Confirmation by Supervisor

I confirm that to the best of my knowledge, the employee above is not performing services for Andrews University here in the United States.

(Printed Name)

ID #

(Signature)

(Date)

Payment Method (check one)

- I would like to receive payment for services via *biweekly* payroll checks mailed to me at my mailing address. I will enter/update my mailing address appropriately at the following link: www.andrews.edu/go/myaddresses. I understand that Andrews University does not recommend this option for those outside of Canada and that I will be responsible for any lost check fee or stop-pay fees that may be incurred.
- I have a US financial institution and would like to receive payment for services via *biweekly* direct deposits. I will complete the attached form: **Direct Deposit Account Authorization**.
- I would like to receive payment for services via *monthly* international wire transfers. This option is not available to US citizens or permanent residents. I will complete the attached form: **Wire Transfer Request**.

(Printed Name)

ID #

(Signature)

(Date)

Direct Deposit Account Authorization

Complete this form to initiate, change, or terminate a direct deposit account allocation.

Please note: any new account authorization may take effect immediately or up to 2 weeks. Contact Payroll for any specific timing concerns.

Name: _____ ID: _____

Phone Number: _____ Email Address: _____

You may change your direct deposit account information (including payroll debit card) at any time. To make changes please complete a new request form.

It is the employee's responsibility to verify that payments have been credited to his/her account(s). Andrews University is not liable for any overdraft (NSF) charges incurred while participating in this electronic pay program. The employee understands that he/she must immediately notify the Payroll Office before he/she closes any/all account(s) listed while this authorization is in effect. The employee understands that in the event that his/her financial institution(s) is/are not able to deposit any electronic transfer into his/her account(s) due to any action he/she takes, the University cannot issue the funds to the employee until the funds are returned to the University by the financial institution(s).

Some banks have separate routing numbers for wires and for ACH. Please verify with your bank which routing number you should submit for use to set up direct deposit. Your paycheck will not be deposited and a \$5 bank fee will be assessed if your information is wrong.

Primary Account	
Bank Routing Number (9 digits):	Bank Name
Account Number:	Net Payroll, after partial deposits listed below, will be deposited to this account.
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop
Secondary Account #1	
Bank Routing Number (9 digits):	Bank Name
Account Number:	Percentage to be deposited:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount
Secondary Account #2	
Bank Routing Number (9 digits):	Bank Name
Account Number:	Percentage to be deposited:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount

I agree to the terms of this agreement and hereby authorize Andrews University to deposit my net pay as designated above. If funds to which I am not entitled are deposited to my account(s), I authorize the University to direct the financial institution(s) to return said funds.

Signature: _____ Date: _____

Entered By: _____

Date: _____

Checked By: _____

Date: _____

Return this form to the **Payroll Office**.

We can be contacted at (269) 471-3325 or email us at payroll@andrews.edu.

Andrews University

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WIRE TRANSFER REQUEST FORM

Beneficiary (Wire Recipient) Information

Name _____

Street Address (NO PO BOXES) _____

City _____

Province/State _____

Postal Code _____

Country _____

Phone number _____

Bank Account Information

Bank Name _____

Bank Address _____

Bank Account number _____

Swift Code* _____

Routing Number (US) _____

IBAN number* _____

Wire Amount _____

Currency Type _____

Can the wire be sent in local currency to avoid transaction fees? _____

Business Purpose:

Payroll payment

IDC #: to be completed by Dept (where to charge wire fee) _____

Dept Approver name and signature

Date

Be sure to include any and all supporting documentation related to the wire request, including invoices and receipts. Wire requests submitted without this information will be charged to your account as an advance until received.

Please contact the Travel & Expense Assistant with any questions at ext 3323.

**Required information for foreign country banks. See Swift code information types below.*

Austria: 5 digit BLZ#

France: Bank code, agent code

Canada: Transit # and Branch Code

Germany: 8 digit BLZ#

U.K.: 6 digit sort code

S. Africa: 6 digit sort code

Australia: 6 digit bank state branch #

Mexico: Branch #

Brazil: Beneficiary CPF, agency code

Completed: _____