



PAYROLL DIRECT DEPOSIT AUTHORIZATION
(RECOMMENDED)

NAME _____
(please print)

Student ID# _____
(if known)

____ NEW REQUEST ____ CHANGE OF INFORMATION

ACCOUNT INFORMATION

FINANCIAL INSTITUTION _____

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER _____

____ CHECKING ACCOUNT* ____ SAVINGS ACCOUNT*

If possible, please provide a copy of a voided CHECK/DEPOSIT SLIP solely for the purpose of verifying the account number and the financial institution's transit routing number.

____ FULL DEPOSIT ____ PARTIAL DEPOSIT \$ _____

I authorize my employer to initiate/change deposits of funds, to which I am entitled, automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize my employer to direct the Financial Institution to return said funds.

I understand it may take up to three pay periods before the checks are deposited, in the meantime, I will receive a paper check.

In the event this account closes, I must contact the payroll department immediately. Failure to do so may result in a delay of up to three weeks to receive a paper check.

____ I will pick up the Direct Deposit stub during indicated check distribution hours.

____ Mail the Direct Deposit stub to my permanent address.

SIGNATURE _____ DATE _____