



PAYROLL DIRECT DEPOSIT FORM

I authorize you and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account for payroll and reimbursement requests to the following:

Checking account Savings account

each payday and/or reimbursement date. This authority will remain in effect until I have cancelled it in writing. Please attach a voided check if possible.

I elect to receive my paystubs via school email: Yes No
 other email: _____

(Date)

Your printed name

Financial Institution

Your account number

Branch location

Your routing number

Your signature

Additional account if necessary:

Checking account Savings account

Amount deposited per check

Financial Institution

Your account number

Branch location

Your routing number