



Direct Deposit Employee Authorization

Employee Name: _____ ID #: _____ Initial sign-up
 Phone number where you may be reached: _____ Change bank or account
 Stop direct deposit
 Add new account to existing accounts
 Other: _____

You may designate more than one account and/or financial institution for your direct deposit. **DO NOT** close the account(s) named below without written notification to Human Resources to stop or change your direct deposit (you may do so via this form). **Failure to do so will delay receipt of your paycheck until the next scheduled pay date.** Complete the information below and attach a voided check or savings deposit slip so we may verify financial institution information.

I hereby authorize Shawnee State University to initiate electronic payroll deposit (credit) entries and, if necessary, debit entries and adjustments to reverse any credit entries made in error to the account(s) and the financial institution(s) indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name: _____
 Address: _____
 Routing Number: _____
 Account Number: _____
 Amt to Deposit: Total check and/or Flat amt \$ _____ Total check and/or Flat amt \$ _____
 Type of Account: Checking - *attach voided or photocopied check* Checking - *attach voided or photocopied check*
 Savings- *attach savings deposit slip* Savings- *attach savings deposit slip*

This authorization shall remain in full force and effect unless and until the University has received written notification from me of its termination in a timely manner so as to afford the University and the financial institution(s) a reasonable opportunity to act upon it (you may do so in the space provided at the bottom of this form). Receipt in Human Resources of such notification seven (7) days prior to a pay date will ensure timely processing.

Employee Signature: _____ Date: _____

I wish to cancel my participation in direct deposit effective _____
 YOU MUST ENROLL FOR A PAYROLL CARD TO BE PAID - REQUEST A PAY CARD ENROLLMENT FORM NOW.

Employee Signature: _____ Date: _____

Payroll Use Only—		
Prenoted on: _____	Pay card authorization provided: _____	Effective pay date for direct deposit: _____
<small>C: 3/2003 R: 05/2003; 06/2005; 8/2005; 2/2007; 3/2007; 8/2013</small>		