



STATE SYSTEM of HIGHER EDUCATION
DIRECT DEPOSIT AUTHORIZATION
FACULTY/STAFF

Name _____ Personnel Number _____

I hereby authorize the State System of Higher Education to (check all applicable)

PAYROLL TRAVEL REIMBURSEMENT

START STOP CHANGE with lines for selection

Total bi-weekly payroll deduction and (or) travel reimbursement to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer.

1st-Direct Deposit Distribution

Financial Institution's Name
Transit Routing Number
Account Number

Type of Account - Checking or Savings (please circle one)

Deduction Amount (Choose one) Net Pay or Specified Amount \$

2nd-Direct Deposit Distribution

Financial Institution's Name
Transit Routing Number
Account Number

Type of Account - Checking or Savings (please circle one)

Deduction Amount (Choose one) Net Pay or Specified Amount \$

Effective with pay date of

***Multiple distributions are available. Please fill out additional forms.

I have an established account at the Financial Institution indicated above, and authorize the State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account (s) indicated above. My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

*Please hand sign and deliver the hard copy to Human Resources or via campus mail to Alumni Hall, Room 111. It is not recommended to send this information electronically to protect bank account information.

Signature _____ Date _____