

DIRECT DEPOSIT AGREEMENT AND AUTHORIZATION

Section A

Instructions:

- 1.) Complete this form.
- 2.) Attach a voided check or a direct deposit form provided by your financial institution on the space provided in Section "C".
- 3.) If you would like to have funds distributed into more than one account. Complete Option 1 and 2 in Section "B".
- 4.) Forward your completed form to the A.S. Payroll Department.

Important:

- * New enrollments or changes in existing accounts will take effect on the second pay date after this form is received by the Payroll Department.
- * Please refer to the Payroll Schedule for current pay dates. Paychecks are released on Friday at the Aztec Center Business Office (M-F 8:00am - 4:30pm)
- * Paychecks requested to be mailed will be sent to the address listed in Section A.
- * If you plan on closing your account, notify the payroll department **in advance**. **NOTE:** Late notification may result in a delay of your paycheck.

Employee Name _____ Red ID # _____

Department _____ Mail First Paycheck YES NO

Address _____ Apt. # _____

City / State / Zip _____

Section B

SELECT ONE: New Direct Deposit Change Account Number
 Change Amount Cancel Direct Deposit

OPTION 1: DEPOSIT TO: Checking Account Savings Account
DEPOSIT: Entire Amount of Check Partial Amount of Check \$ _____
If a voided check cannot be attached, please provide the following information:
Name of Bank _____
Bank Routing ABA# _____
Your Bank Account Number _____

OPTION 2: DEPOSIT TO: Checking Account Savings Account
DEPOSIT: Remainder of Check
If a voided check cannot be attached, please provide the following information:
Name of Bank _____
Bank Routing ABA# _____
Your Bank Account Number _____

Section C


ATTACH A VOIDED CHECK HERE


Employee's Name _____ 003510

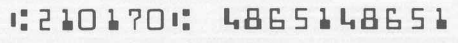
Address _____

City, State, Zip _____ Date _____ 2243

Pay to the Order of _____ \$ _____

_____ Dollars  Security Features Details on Back

For _____  MP



Harland Clarke GUARDIAN SAFETY® BLUE

I authorize the Associated Students of San Diego State University to directly deposit my paycheck via electronic funds to the account(s) I indicated above. This authorization will remain in force until I notify the Associated Students of San Diego State University by submission of a cancellation request.

Employee's Signature _____ Date _____

Payroll Office Only

Date Processed _____

First Check Mail Date _____