

**STATE SYSTEM OF HIGHER EDUCATION
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**
(Travel Expenses)

Employee Name	SAP #	SSHE/Millersville University Department
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- Start Direct Deposit Change Financial Institution
 Change Account Number Stop Direct Deposit

Direct Deposit Remittance Advice Report Campus Address:
 Building _____ Room _____ Department _____

Financial Institution's Name: _____

Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Effective Date: _____

I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number.

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 indicated above. I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number.

My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

I agree to notify the Purchasing Department if I wish to change the designated Financial Institution or account to which my travel expenses are to be deposited prior to the effective date of such change. I understand that failure to do so may delay the receipt of my travel expenses.

Signature: _____ Date: _____

Co-Signature (If Joint Account): _____ Date: _____

To be completed by Purchasing Dept.		To be completed by Accounting Dept.	
Input Date	Processed By	Review Date	Reviewed By