

**STATE SYSTEM of HIGHER EDUCATION
DIRECT DEPOSIT AUTHORIZATION**

Name _____ Social Security OR Personnel Number _____

I hereby authorize the State System of Higher Education to (check one) START _____
STOP _____
CHANGE _____

Total bi weekly payroll deduction 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.

Primary Account

Financial Institution's Name _____
Transit Routing Number _____
Account Number _____
Type of Account (Checking or Savings) _____

Secondary Account

Financial Institution's Name _____
Transit Routing Number _____
Account Number _____
Type of Account (Checking or Savings) _____
Biweekly Fixed Deduction Amount _____

Effective with pay date of _____

I have an established account at the Financial Institution(s) 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. I have provided a copy of a voided check, a deposit slip, or documentation on bank letterhead with transit routing number and account number (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.

Date _____ Signature _____

Co-Signature (If Joint Account) _____