

STATE SYSTEM of HIGHER EDUCATION DIRECT DEPOSIT AUTHORIZATION

In order to set up Direct Deposit the Payroll office requires one of the following:

- A copy of a voided check
- Documentation on bank letterhead with name, transit routing number and account number

Name _____ Social Security **OR** Personnel Number _____

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

Total biweekly 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 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.

Date _____ Signature _____