

CSUB FOUNDATION DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Begin Deposits

Change Information

Cancel Deposits

Employee Name	Employee Number
Social Security Number	Department

Checking Account Direct Deposit

Attach voided check or copy: The numbers on the bottom of your check will be used by the Payroll Department to make the electronic funds transfer of your payroll directly to your checking or savings account. For direct deposits to your checking account, please fill in the information below completely.

Name of Bank

Transit Routing Number

Account Number

\$\$ Dollar Amount _____ or \$\$ Net Check

Savings Account Direct Deposit

Name of Bank

Transit Routing Number

Account Number

\$\$ Dollar Amount _____ or \$\$ Net Check

*I authorize **CSUB Foundation** to initiate credits (and/or corrections to previous credits) to the financial institution designated above.*

*This authorization will remain in effect until I give written notice to **CSUB Foundation** either to change or terminate this authorization.*

Employee's Signature

Date

To be completed by Payroll Department

Effective Date:

Date Entered:

Entered By: _____