Use this form to start, add, change or cancel payroll direct deposits. A separate form is required for each separate deposit.

Check One:  ____ New (1st time)  ____ Add an Account  ____ Change an Amount  ____ Cancel an Account

Pay Period Deposit Amount Requested:  ____ Net Check OR  $ ____ Dollar Amount if other than net
($10 Minimum)

To set up direct deposit you must:
- Have the account currently set up at your bank.
- Find out if the bank accepts ACH transfers.
- Verify the bank’s routing number AND your account number.
- Notify the bank that you are setting up payroll direct deposit.
- Determine if the bank has any special requirements.

____________________________  _______________________
Depository (Bank) Name  Branch
____________________________  _______________________
City  State and Zip Code
____________________________  _______________________
Routing Number  Account Number

I authorize The CSU, Chico Research Foundation to initiate credit entries and to initiate, if necessary, debit entries and adjustments, at the Depository named above, for any credit entries in error to my:

Select One:  ( ) Checking  ( ) Savings

I understand that if I participate in this program I will be subject to the Direct Deposit Pay Schedule and my direct deposit posting date may be later than the regularly scheduled pay day.

I will not hold the CSU, Chico Research Foundation or the Associated Students of CSU, Chico responsible for any bank charges, should they occur, due to following the Direct Deposit Pay Schedule.

In addition, I am aware that the Federal Reserve does not allow weekends and/or holidays as posting dates.

This authorization is to remain in full force and effect until the CSU, Chico Research Foundation has received written notification from me of its termination in such time and in such manner as to afford the CSU, Chico Research Foundation, the Associated Students, and the Depository a reasonable opportunity to act on it.

____________________________  _______________________
Print Name  Employee ID Number
____________________________  _______________________
Signature  Date
____________________________  _______________________
Phone Number  E-mail Address

NOTE: A voided check OR a Direct Deposit Enrollment Request Form from your bank from the above account must accompany this request (deposit slips are acceptable for savings accounts only). Any change in depository information requires that a new form be submitted.

Please submit authorization forms to the front desk at 25 Main Street.