

Saginaw Valley State University

EMPLOYEE'S AUTHORIZATION OF DIRECT DEPOSIT OF PAY

(Please fill out and return to the Payroll Department)

I authorize you and the financial institutions listed below to deposit my pay automatically to my checking and/or savings account each payday. Adjusting entries to correct errors are also authorized. I understand that this authority will remain in effect until I have canceled it in writing.

To sign up for direct deposit just complete the section below and return it with your **voided check**.

Employee Name: _____ Social Security Number: _____

Name of Financial Institution: _____

Address: _____ City: _____ State: _____

Transit Routing Number: _____ Account Number: _____

Amount: \$ _____ or ___ Entire Check Account Type: ___ Checking ___ Savings

Name of Financial Institution: _____

Address: _____ City: _____ State: _____

Transit Routing Number: _____ Account Number: _____

Amount: \$ _____ or ___ Entire Check Account Type: ___ Checking ___ Savings

Name of Financial Institution: _____

Address: _____ City: _____ State: _____

Transit Routing Number: _____ Account Number: _____

Amount: \$ _____ or ___ Entire Check Account Type: ___ Checking ___ Savings

Name of Financial Institution: _____

Address: _____ City: _____ State: _____

Transit Routing Number: _____ Account Number: _____

Amount: \$ _____ or ___ Entire Check Account Type: ___ Checking ___ Savings

Signature: _____ Date: _____

Important notice:

You must notify us immediately if you have instructed your bank to transfer SVSU's entire electronic payment to an account outside the United States. We will then need to collect additional information from you so that our bank can satisfy its regulatory obligations. SVSU cannot be responsible for resulting delays.