

Saginaw Valley State University

EMPLOYEE'S AUTHORIZATION OF DIRECT DEPOSIT OF PAY

(Please fill out and return to the Employment Compensation Services Dept.)

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 also are authorized. I understand that this authority will remain in effect until I have canceled it in writing.

Employee Name: _____ Social Security Number: _____
Name of Financial Institution: _____ Date: _____
Address: _____ City: _____ State: _____
Transit Routing Number: _____ Account Number: _____
Account Type: Checking Savings
Amount: \$ _____ or Entire Check

Name of Financial Institution: _____
Address: _____ City: _____ State: _____
Transit Routing Number: _____ Account Number: _____
Account Type: Checking Savings
Amount: \$ _____ or Remainder of Net Pay

Name of Financial Institution: _____
Address: _____ City: _____ State: _____
Transit Routing Number: _____ Account Number: _____
Account Type: Checking Savings
Amount: \$ _____ or Remainder of Net Pay

Name of Financial Institution: _____
Address: _____ City: _____ State: _____
Transit Routing Number: _____ Account Number: _____
Account Type: Checking Savings
Amount: \$ _____ or Remainder of Net Pay

To sign up for direct deposit just complete the section above and return it with your voided check or deposit slip to the Payroll Department.
(There is a four-transaction limit for direct deposit.)

Signature: _____