DIRECT DEPOSIT AUTHORIZATION FORM

How Direct Deposit works –

The Pennsylvania State System of Higher Education notifies your financial institution electronically of the funds to be deposited on your behalf. Your financial institution records this transaction into an account of your choice, creating immediate access on the day of deposit. You receive an earnings statement documenting this payment. If you desire to make a direct deposit to more than one institution, you must complete a form for each institution. Only one deposit can be made to one account at each institution.

- ✓ ***It's convenient*** -saves you a trip to the bank.
- ✓ ***It's faster*** - most banks post the funds to your account at the beginning of the day's business on payday allowing immediate access
- ✓ ***It's safer*** – Direct Deposit eliminates the worry of a lost or stolen paycheck
- ✓ ***It's confidential*** – funds are automatically processed and you can instruct the bank to apply them to your savings or checking account

Name _____ Employee Identification Number _____
(may be found on pay statement)

I hereby authorize the Pennsylvania State System of Higher Education to **(circle one)** **Start** / **Change** / **Stop** total bi-weekly 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. Payroll will notify you if the institution you choose does not qualify.

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account _____ (Checking or Savings)

Deduction Amount _____ (Dollar Amount)

Effective with pay date of _____

I have an established account at the Financial Institution indicated above, and authorize the Pennsylvania State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above. I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my employment with the Pennsylvania State System of Higher Education.

Signature _____ Date _____

Co-Signature (If Joint Account) _____