



## 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 into 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 your bank to apply them to your savings or checking account.

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Name \_\_\_\_\_ Personnel Number \_\_\_\_\_

*(may be found on pay statement)*

I hereby authorize the Pennsylvania State System of Higher Education to **(circle one) Start / Change / Stop** total biweekly 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 Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (Savings/Checking) \_\_\_\_\_

Deduction Amount (\$ 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) listed 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 until I terminate my employment with the Pennsylvania State System of Higher Education.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Signature **(Required if Joint Account)** \_\_\_\_\_