

# CSUB FOUNDATION DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Begin Deposits

Change Information

Cancel Deposits

Employee Name	Employee Number
Social Security Number	Department

**Checking Account Direct Deposit**

*Attach voided check or copy: The numbers on the bottom of your check will be used by the Payroll Department to make the electronic funds transfer of your payroll directly to your checking or savings account. For direct deposits to your checking account, please fill in the information below completely.*

Name of Bank

Transit Routing Number 

--	--	--	--	--	--	--	--	--	--

Account Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\$\$ Dollar Amount \_\_\_\_\_ or  \$\$ Net Check

**Savings Account Direct Deposit**

Name of Bank

Transit Routing Number 

--	--	--	--	--	--	--	--	--	--

Account Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\$\$ Dollar Amount \_\_\_\_\_ or  \$\$ Net Check

*I authorize **CSUB Foundation** to initiate credits (and/or corrections to previous credits) to the financial institution designated above.*

*This authorization will remain in effect until I give written notice to **CSUB Foundation** either to change or terminate this authorization.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

To be completed by Payroll Department

Effective Date:

Date Entered:

Entered By: \_\_\_\_\_