



Slippery Rock University

Direct Deposit of Cooperating Teacher Payment

Cooperating Teacher _____

I hereby authorize Slippery Rock University to **(circle one) Start / Change / Stop** remittance of reimbursement due 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. Accounts Payable will notify you if the institution you choose does not qualify.

I have an established account at the Financial Institution indicated below, 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. *****

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account- (Checking or Savings)

Name: _____

Phone number: _____

*This must be included. You will receive a call from the University verifying Direct Deposit information.

e-mail _____

Date _____

A/P Use

Account added

☐

Account confirmed

☐

E-mail updated

☐