



Direct Deposit Authorization

Employee PRNR

Name: _____ (or last 4 digits of SSN): _____

I hereby authorize the State System of Higher Education to **(check one)** ☐ **Start** ☐ **Change** ☐ **Stop** total bi-weekly 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 (Bank): _____

Transit Routing Number: (must be 9 digits) _____

Account Number: (choose one) Checking or Savings _____

Update my travel reimbursements to the same account?

Account Number 2:

Financial Institution's Name (Bank): _____

Transit Routing Number: (must be 9 digits) _____

Account Number: (choose one) Checking or Savings _____

Account #2 Deposit Amount: _____

Effective with Pay Date of: _____

I have an established account at the financial institution indicated above and authorize the 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 void check (not required) 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 State System of Higher Education.

(Signature)

(Date)

FOR PAYROLL USE ONLY:

INPUT DATE: _____

PAY DATE: _____

INITIALS: _____