

# Direct Deposit Authorization Agreement

Please complete this form and attach a **voided check** if you wish to have your pay directly deposited to your checking account. If you have a savings account please attach a letter from your bank that states your routing number and account number.

## WE DO NOT ACCEPT DEPOSIT SLIPS

This authorization will remain in effect until the company has received written notification from me that it is to be terminated in such time and manner for the company to act on it.

Name on Account	Transit / ABA Number
Name of Bank/S&L/Credit Union/Other	Account Number
City, State, Zip (of Bank)	Account Type (Check one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

***Any funds deposited to my account in error and not due me by PSU will be refunded to PSU within 7 days of the deposit date.***

I hereby authorize PSU to initiate deposits to my bank account indicated below.

**Employee Information:**

Print Name	Employee #	Social Security Number
Signature	Date	

***Please attach a copy of voided check or statement from bank for a savings account. Deposit slips are not accepted***

**DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT THIS INFORMATION!**

OFFICE USE ONLY	
Direct Deposit Set Up _____ (Date)	Direct Deposit to Begin _____ (Ck. Date)
Direct Deposit Inactive _____ (Date)	
Mail List <input type="checkbox"/>	Recurring Ded. <input type="checkbox"/>
PR Comment <input type="checkbox"/>	