

PAYROLL DIRECT DEPOSIT AUTHORIZATION

Entered

Effective Date of Direct Deposit:	
In order to process your direct deposit correctly pleas 1. Type or print 2. Fill out the form completely. 3. ATTACH A VOIDED CHECK.	se:
mployee Information (You are responsible fo	or keeping the ASC informed of any name changes)
Name (Last, First, MI):	Social Security Number:
Bank Information (You are responsible for keeping	g the ASC informed of any bank or account changes)
1)] Change amount
Bank Name:	Branch:
Transit Routing Number	Account Number
Please indicate the exact amount (s) to be deducted p If the whole amount is to be deducted write "ALL" in t Checking \$ Savings \$	he space below and check the appropriated box (es).
2)	Change amount
Bank Name:	Branch:
Transit Routing Number	Account Number
Please indicate the exact amount (s) to be deducted point the whole amount is to be deducted write "ALL" in the	
☐ Checking \$ ☐ Savings \$	
	t/deposit entry to the above account(s). I further authorize CSU Fullerton ASC entries made to the above account(s) by CSU Fullerton ASC.
	ble for penalties charged to the above account(s) due to insufficient funds as a nd that I should verify my available funds before processing debit/check card
cknowledge that it is my responsibility to notify payro	oll of any changes that may affect my payroll direct deposit.
	PAYROLL ONLY:
mployee's Signature	Date