

Payroll Direct Deposit Enrollment Form

Employee Information

Employee Name: _____ Employee ID: _____

Home Address Including Street: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

You are limited to three (3) accounts in any Combination

If you are requesting only one direct deposit, please indicate 100%. If you are requesting more than one direct deposit, the allocation between your accounts must be in dollars with one account authorized for the remaining amount.

Financial Institution Name	Routing Number	Account Number	Checking	Savings	100% of Net Pay	Dollar Amount	Indicate account to deposit any remaining balance

If you will be receiving a reimbursement, please contact Accounts Payable at sdsurfap@sdsu.edu for PaymentWorks registration

I authorize San Diego State University Research Foundation (SDSURF) to initiate credits (and/or corrections to the previous credits) to the above designated financial institutions. This authorization is to remain in full force and effect until I revoke it in writing. By signing this authorization, I understand all of the following:

1. I must attach account verification document (voided check, member ID card) OR BANK STATEMENT.
2. Direct deposit pay stubs may be viewed and printed by logging into Employee Gateway on the SDSURF web site.
3. My financial institution has until midnight of the pay date (or first working day thereafter) to credit my account.
4. If I change financial institutions or account information within the same financial institution, I will receive one paycheck before the new authorization begins.
5. I must notify the SDSURF payroll department immediately of any account changes or closures. NOTE: Failure to notify the payroll department of changes to your bank account may delay receipt of your paycheck.
6. If my employment status is inactive in excess of six months, I understand that my direct deposit deduction may be terminated, and I must contact SDSURF's payroll department to obtain direct deposit reinstatement information.

Signature of Employee: _____ Date: _____

For Payroll Use Only

Effective Payroll Date: _____ Verification: _____

N. E. Student
2300 Mariner Square Drive
San Francisco, CA 95102

2228

Date _____

Pay To

The Order Of _____ \$

_____ Dollars

⑆ 1 23456780⑆ 23456789123445⑆ 2228

⑆ 1 23456780⑆ 23456789123445⑆ 2228

Routing/Transit Number

Account Number

Check Number