



# WEBER STATE UNIVERSITY DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE: \_\_\_\_\_ W# or S.S.N. \_\_\_\_\_  
(Please Print)

FIRST AUTHORIZATION       CHANGE CURRENT DIRECT DEPOSIT       CANCEL

THE ABOVE NAMED EMPLOYER IS HEREBY AUTHORIZED TO INITIATE DEPOSITS AND, IF NECESSARY, ADJUSTMENTS ON THOSE DEPOSITS TO THE ACCOUNT (S) LISTED BELOW. This authorization will remain in force until changed or revoked by me or an authorized agent through written notification to the Payroll Office.

FINANCIAL INSTITUTION & TELEPHONE NUMBER	ACCOUNT TYPE	ROUTING NUMBER	(See reverse side for explanation)	ACCOUNT NUMBER	PERCENT OR AMOUNT
_____	<input type="checkbox"/> SAVINGS	_____	_____	_____	_____
_____	<input type="checkbox"/> CHECKING	_____	_____	_____	_____
_____	<input type="checkbox"/> SAVINGS	_____	_____	_____	_____
_____	<input type="checkbox"/> CHECKING	_____	_____	_____	_____
_____	<input type="checkbox"/> SAVINGS	_____	_____	_____	_____
_____	<input type="checkbox"/> CHECKING	_____	_____	_____	100 % Of Remainder

Preferred email to receive your pay notification: \_\_\_\_\_

**Note:** Multiple financial institutions must have "100% of Remainder" entered on one of them.

PLEASE ATTACH A VOIDED CHECK OR A VOIDED PHOTOCOPY THAT WE WILL USE TO VERIFY YOUR ACCOUNT AND BANK ROUTING NUMBERS. YOUR WAGES WILL BE DEPOSITED INTO EITHER CHECKING OR SAVINGS BASED ON THE BOX YOU CHECKED ABOVE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE UPDATED IF YOU CHANGE YOUR ACCOUNT NUMBER.**

<b>FOR OFFICE USE ONLY</b>			
Please check one for account number verification			
<input type="checkbox"/> Bank Form	<input type="checkbox"/> Blank Check	<input type="checkbox"/> Called Bank	Payroll Staff Initials _____

YOUR NAME 0109 1026  
123 Your St.  
Your Town, CA 12345 288/888 XX  
Pay to the Order of VOID \$ VOID  
YourBank  
For  
⑆ 123456789 ⑆ 12345678901 ⑆ 1026

ABA or  
Bank Routing  
Number

Bank Account  
Number

Check Number

Note: deposit slips should not be used.