

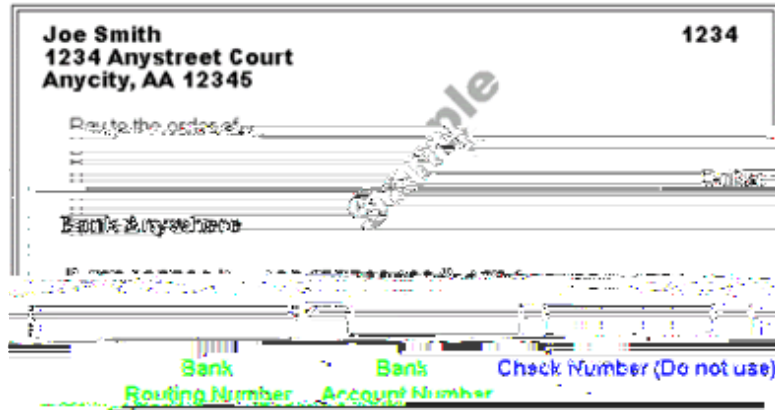
8 Q L Y H U V L W \ B W W K R U , Q F D U Q  
6 W \$ Q W K R Q \ & D W F D R U Q L D F W H 6 : R U G R e t u r n t o : P a y r o l l O f f i c e  
5 ( 4 8 ( 6 7 ) 2 5 ' ( 3 2 6 , 7 2 ) 3 \$ < 5 2 / / ( \$ 5 1 , 1 \* 6 \$ G P L Q % O G J 2 I I L F I

Employee Name: \_\_\_\_\_

6 6 N R B Q L Y H , U : V L W \ \_\_\_\_\_

6 W X / W B K S W Faculty Staff Faculty

To enroll in direct deposit, complete this form and send to the Payroll Office. Attach a voided check for each account where you wish to have direct deposit. This form is found.



Please provide the following information of the financial institution(s) to which your earnings will be deposited. For multiple deposits you must designate a percentage (%) or dollar (\$) amount to be deposited.

Your Financial Institution: \_\_\_\_\_ % or Dollar Amt B B B B B B B B

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Your Financial Institution: \_\_\_\_\_ % or Dollar Amt \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking Savings

Your Financial Institution: \_\_\_\_\_ % or Dollar Amt \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking Savings

, K H U H E \ D X W K R U L J H 8 , : W R G H S R V L W P \ S D \ U R O O H D U Q L Q J V W R W K  
Q H F H V V D U \ W R P D N H D G M X V W L Q J H Q W U L H V L I D Q L Q F R U U H F W G H S R  
I understand that notification of payment will be provided through W K H : R U G R U W D O for Employees.

, X Q G H U V W D Q G W K D W W K L V D X W K R U L J D W L R Q Z L O O F R Q W L Q X H L Q I R  
U H V S R Q V L E L O L W \ W R P D L Q W D L Q W K H G H V L J Q D W H G D F F R X Q W V D V I

Signature

Date