

Effective Date of Direct Deposit: _____

In order to process your direct deposit correctly please:

1. Type or print
2. Fill out the form completely.

Employee Information (You are responsible for keeping the ASC informed of any name changes)
Name (Last, First, MI): _____ **CWID:** _____

Bank Information (You are responsible for keeping the ASC informed of any bank or account changes)

 1) **Add** **Cancel** **Change amount**

Bank Name: _____

Transit Routing Number

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Account Number

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Please indicate the exact amount (s) to deposit per check.
If the whole amount is to be deposited write "ALL" in the space below and check the appropriated box(es).
 Checking \$ _____ Savings \$ _____

 2) **Add** **Cancel** **Change amount**

Bank Name: _____

Transit Routing Number

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Account Number

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Please indicate the exact amount (s) to deposit per check.
If the whole amount is to be deposited write "ALL" in the space below and check the appropriated box(es).
 Checking \$ _____ Savings \$ _____

I hereby authorize CSU Fullerton ASC to initiate a credit/deposit entry to the above account(s). I further authorize CSU Fullerton ASC to initiate adjustment entries to correct any erroneous entries made to the above account(s) by CSU Fullerton ASC.

I acknowledge that CSU Fullerton ASC is not responsible for penalties charged to the above account(s) due to insufficient funds as a result of an error or delay in direct deposit. I understand that I should verify my available funds before processing debit/check card and check transactions.

I acknowledge that it is my responsibility to notify payroll of any changes that may affect my payroll direct deposit.

Employee's Signature

Date
PAYROLL ONLY:

Entered _____