

## ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION FORM

Full Name:				RED ID#:		
SDSU Email address:				Extension/Phone #:		
Check one:  Faculty/Staff Department:  Student **(IRA only) Department:					t. Contact:	
IF YOU ARE SETT MUST ATTACH	A CHECK MA	RKED "V	OID'	GING AN EXIS' ' OR PROOF O I YOUR BANK	F ROUTING	T DEPOSIT, YOU AND ACCOUNT
To set up a <b>NEW Direct Deposit</b> :						
Bank Name						
Account Number						
Type of Account (circle one)		Checking		Checking	Savings	
To CHANGE a current Direct Deposit:						
Old Bank Name			New	Bank Name		
Old Routing	1		New	Routing		
Number		Nun	nber			
			Account			
Number			Nun			
Type of Account (circle one)	unt Checking Savings			e of Account le one)	Checking	Savings
To <b>CANCEL a Dire</b>	ect Deposit:					
Bank Name						
Routing Number						
Account Number						
Type of Account (circle one)				Checking	Savings	
FACULTY/STAFF: 1 he electronic funds transfer deposit a separate form nadjust any OVER-deposit adjustments by SDSU. **STUDENTS: 1 hereby funds transfer of IRA pay information online to Stu	for travel and other nust be submitted to t(s) made in error to authorize San Dieg ments issued by Aco	reimburseme Human Resco my account. To State Universions Payab	ent pay ources I will ersity t le. (Fo	ments issued by Acc. at <u>hr.sdsu.edu</u> ). SDS not hold my bank lid o make the deposits/ or direct deposit of fi	ounts Payable. (F SU is also authorizable for any errone changes indicated mancial aid or sch	for payroll direct, sed to draw drafts to eous deposits or above for electronic olarships, submit your
information online to Student Account Services at <u>sdsu.edu/sas</u> ). SDSU is also authorized to draw drafts to adjust any OVER-deposit(s) made in error to my account. I will not hold my bank liable for any erroneous deposits or adjustments by SDSU.						
Signature: Date:						
Supplier Technician Use only			Supplier Number:			
Date Received:				Bank Changes: (Name)		
Date Entered :			(Signature)			