

This form must be submitted at the time of initial hire (or anytime banking information changes). Allow two weeks for processing this request through the banking/Federal Reserve system. Your pay stub may be viewed through the YSU Portal.

➔ Please return completed form along with your voided check to the Payroll Office. ⬅

Section 1

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Banner ID No. or SSN</i>
<i>Campus Department</i>			<i>Phone</i>

Section 2

Initial Authorization

I am currently on Direct Deposit but would like to change and/or add the following:

Amount

Financial Institution

Account Number

(Please allow 3 weeks in advance of the closing of a bank account to ensure proper processing.)

Note: You may choose up to three financial institutions or accounts for deposit of your pay. If you choose two or more, you must specify a dollar amount to be deposited into the first account(s); the remainder of your net pay will go into the account with no dollar amount specified.

Section 3

1st Financial Institution (Name): CHECKING or Savings *(Must attach a blank, voided check for checking.)*

Type of Process: Initial Add Change Delete

Routing Number: _____ Account Number: _____ Amount to be deposited: \$ _____

2nd Financial Institution (Name): CHECKING or Savings *(Must attach a blank, voided check for checking.)*

Type of Process: Initial Add Change Delete

Routing Number: _____ Account Number: _____ Amount to be deposited: \$ _____

3rd Financial Institution (Name): CHECKING or Savings *(Must attach a blank, voided check for checking.)*

Type of Process: Initial Add Change Delete

Routing Number: _____ Account Number: _____ Amount to be deposited: \$ _____

Section 4

By signing below, I authorize Youngstown State University to initiate direct deposit of my net pay to the financial institution(s) and account numbers(s) specified. In the event Youngstown State University deposits funds erroneously into my account(s), I authorize YSU to debit my account(s) for an amount not to exceed the original amount of credit. I agree to indemnify Youngstown State University against any loss sustained by me by reason of such action. I understand that Youngstown State University maintains the right to terminate, suspend, or amend the direct deposit program in whole or in part at any time.

Employee Signature

Date

Payroll Office Use Only

Entered into system on _____ by _____ Pay Type: Bi-Weekly Semi-Monthly Pay Date: _____

Authorization cannot be processed because: _____