

## PAYROLL ACH DEPOSIT AUTHORIZATION FORM

**YOU MUST SELECT EITHER A DIRECT DEPOSIT ACCOUNT OR THE PAY CARD FOR YOUR NET PAY**

Name: _____	GU ID: _____
<input type="checkbox"/> I wish to receive payroll voucher information online (no paper).	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL

**DIRECT DEPOSIT BANKING**

Primary account where Net Pay Balance (after all other deductions) is to be deposited:

1. Bank Name: \_\_\_\_\_  
 Branch Location: \_\_\_\_\_  Checking     Savings  
 Transit Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Optional Secondary Accounts:

2. Bank Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Branch Location: \_\_\_\_\_  Checking     Savings  
 Transit Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

3. Bank Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Branch Location: \_\_\_\_\_  Checking     Savings  
 Transit Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**IMPORTANT:** Attach a **voided check** or savings withdrawal/deposit ticket for each account so that we can verify an accurate transit routing number for the financial institution designated to receive your deposit.

Any changes to your bank transit number or account number must be reported in writing to the Payroll Office prior to the end of the pay period in which the change is made. You also must notify the Payroll Office prior to closing your account. Bank pre-notification may be required delaying effective date by one pay cycle.

**MasterCard® PAY CARD**

I have received the Global Cash Card Important Information and Cardholder Fee Schedule and wish to authorize the opening of a MasterCard Pay Card through a Global Cash Card Trust account at First California Bank. I understand that I will have access to the account by phone and by website.

I wish to deposit:  Net Pay Balance -or-  \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (provide at least one): Prime \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Address where personalized Global Cash Card will be mailed (indicate street not PO Box):

Street \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby authorize the direct deposit of my pay by Gannon University in the account(s) and financial institution(s) indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it. I also give Gannon University permission to debit my account in cases where it is credited erroneously. I understand that this request will be in effect with the first payroll following both receipt and the date signed.

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