

Direct Deposit Authorization
PASSHE - Indiana University of PA

Return To: PAYROLL SERVICES
SUTTON HALL, ROOM G11
1011 SOUTH DRIVE
INDIANA, PA 15705-1046

Name: _____ PERS. NO. _____
(Last Name, First Name, MI) (from pay statement) (last 4-digits of SSN)

Student Staff

I hereby authorize the Pennsylvania State System of Higher Education to:

- Start Direct Deposit
- Change Deduction Amount
- Change Financial Institution
- Change Account Number
- Stop Direct Deposit

I have an established account at the financial institution indicated below, and authorize the Pennsylvania State System of Higher Education to initiate credit and debit entries and adjustments for any credit entries in error to my account indicated below.

I have provided a copy of a **VOIDED CHECK** (see sample) solely for the purpose of verifying my account number and the financial institution's routing number. ___ YES ___ NO

My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

DEPOSIT SLIPS are NOT acceptable for verification.

By choosing to enroll in direct deposit, you will NOT be receiving a pay statement. You must access Employee Self Service (ESS) to view your statement. Pay statements are normally accessible through ESS as early as four days prior to the pay date. You can print your pay statement from ESS at any time.

Financial Institution _____

Routing Transit Number _____

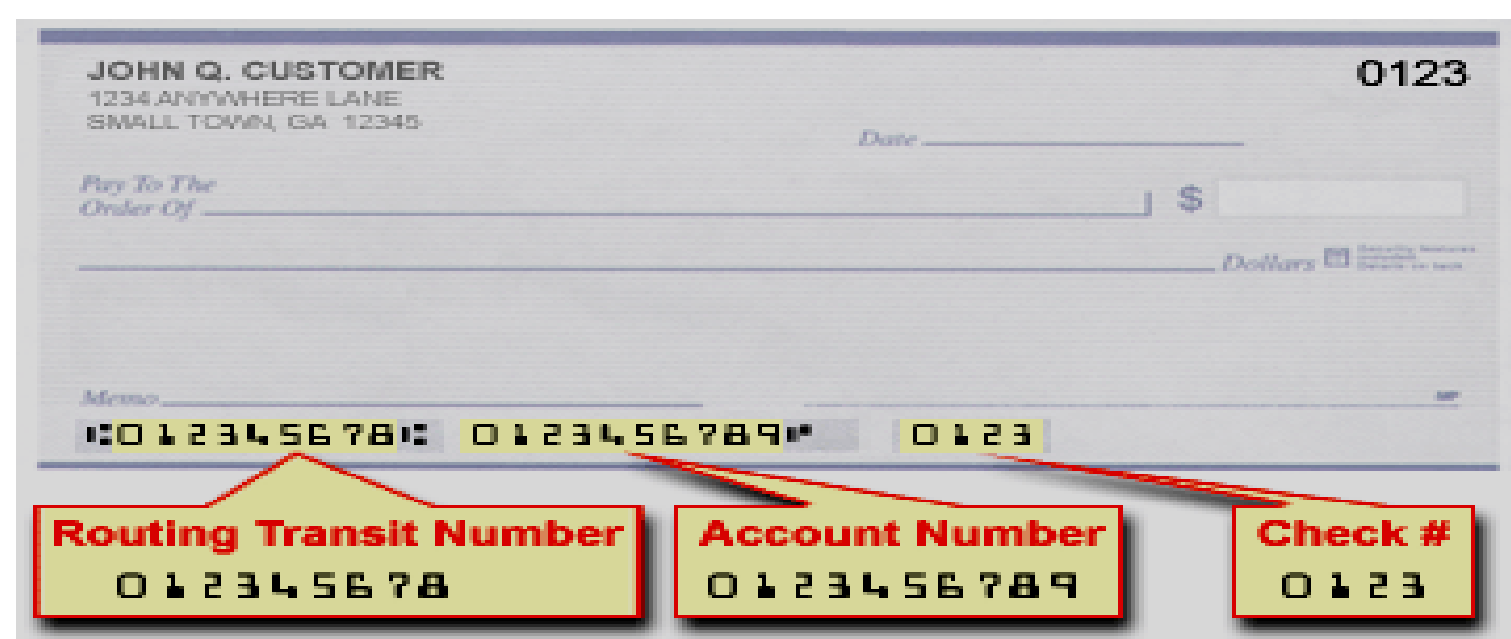
Account Number _____

Type of Account _____ (Indicate "Checking" or "Savings")

Deduction Amount _____ (Indicate "Net Pay" or a Specified Dollar Amount)

Effective with payday of _____

Date: _____ Signature _____



Payroll Use Only

Input Date: _____ Paydate: _____ Initials: _____