

Direct Deposit Authorization
PASSHE - Indiana University of PA

Name: _____ **SAP ID:** _____ Non-Student ____ Student ____
Last Name, First Name, MI (from pay statement)

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 entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) 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. 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 _____

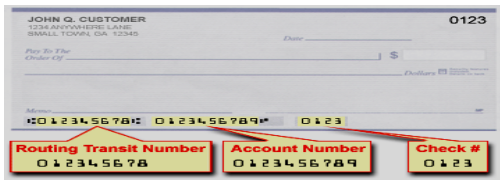
Type of Account _____ (Indicate "Checking" or "Savings")

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

Effective with payday of _____

Date: _____ **Signature** _____

Co-Signature (if joint account) _____



Payroll Use Only

Input Date: _____ **Paydate:** _____ **Initials:** _____

Remarks