❑ New
❑ Change

Direct Deposit Authorization
(Payment Disposition Action)

Colorado State University

HUMAN RESOURCE SERVICES
6004 Campus Delivery

EMPLOYEE INFORMATION (please print legibly in ink or type)

CSU ID # or Social Security #

Last Name, First, M.I.

Home Department _____ CHECK ONE: ❑ Hourly (paid biweekly) ❑ Salary (paid monthly)

As of January 1, 1996, DIRECT DEPOSIT is a condition of employment at Colorado State University. The data you supply on this form determines where your net pay is deposited. If you have no active checking or savings account, contact the financial institution of your choice to establish an account. The original form should be mailed or delivered to the HRS Payroll Office*, 6004 Campus Delivery*. This information will be processed upon receipt by the Payroll Office.

We recommend that you verify your first deposit after the change before drawing against your account. Colorado State University cannot assume any fiscal liability for charges assessed against the employee due to erroneous bank account numbers, miscommunications, etc. Exemptions to mandatory direct deposit may be approved under limited circumstances. Contact the Payroll Manager at (970) 491-5853 to make an appointment for consideration.

THIS FORM SHOULD BE SUBMITTED AT THE TIME EMPLOYMENT BEGINS OR TO CHANGE AN EXISTING DIRECT DEPOSIT ACCOUNT NUMBER. RETURNING STUDENTS DO NOT NEED TO RESUBMIT THIS FORM AT THE BEGINNING OF A NEW SEMESTER.

DIRECT DEPOSIT DATA:

Name of Financial Institution _____ Street Address _____ City, State, ZIP _____

Bank Routing #

Account #

Account type (check one): ❑ Checking ❑ Savings

Financial Institution Phone # ___ – ___ – ___

EMPLOYEE AUTHORIZATION (EMPLOYEE MUST SIGN)

I hereby authorize my employer to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above and the depositories named above each herewithafter called Depository, to credit and/or debit the same to such account(s).

By signing, I acknowledge that electronic payments to the bank account designated above must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and that funds deposited into such bank account will not be credited in their entirety to a foreign bank account.

Signed _____

Date _____

Campus (work) phone _____

ATTACH:

VOIDED CHECK

OR

BANK DOCUMENT WITH ROUTING AND ACCOUNT NUMBERS

Rev 06/10