



Direct Deposit Authorization

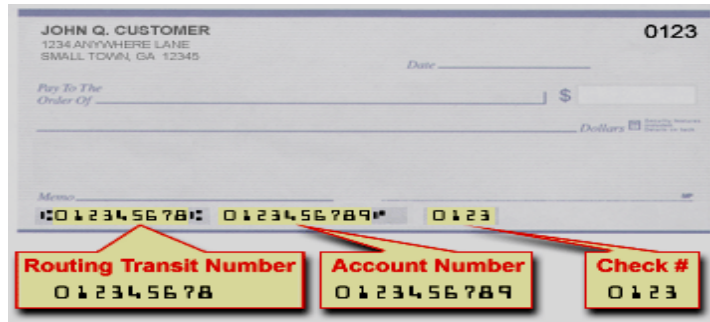
Name _____ Personnel Number _____ Banner @ _____
(Last Name, First Name, MI)

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

- Start direct deposit
- Revise Direct Deposit information as indicated below
- Stop direct deposit
- I DO NOT WISH TO COMPLETE THIS FORM AT THIS TIME.

*** AFSCME employees are required to enroll in direct deposit for payroll and travel expenses per Article 19/Section 14 of the Collective Bargaining Agreement.

	Name of Financial Institution	Account Type	Routing/Transit Number (9 digits)	Account Number	I wish to deposit (please choose one per line item.)		
					Amount	Percent	Net Amt
1		<input type="checkbox"/> Checking			\$	%	<input type="checkbox"/>
		<input type="checkbox"/> Savings					
2		<input type="checkbox"/> Checking			\$	%	<input type="checkbox"/>
		<input type="checkbox"/> Savings					
3		<input type="checkbox"/> Checking			\$	%	<input type="checkbox"/>
		<input type="checkbox"/> Savings					



I have an established account at the Financial Institution(s) indicated above 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 above.

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

Employees enrolled in direct deposit must view/print pay statements via Employee Self Services (ESS). Pay statements are generally accessible through ESS as early as four (4) days prior to the pay date.

PAYROLL USE ONLY	Input Date:	Pay Date:	Initials:	Photo ID verified by: (initials)
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Direct Deposit Authorization

Signature _____ Date _____

PAYROLL USE ONLY	Input Date:	Pay Date:	Initials:	Photo ID verified by: (initials)
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