

California State University, San Bernardino Accounts Payable Department 5500 University Parkway, Sierra Hall SH105 San Bernardino, CA 92407 Phone: 909-537-5155 Email: payables@csusb.edu **Employee, Student, Guest Direct Deposit Enrollment**

Form applicable for accounts payable payments issued to employees, students, candidates visiting guests only.

Instructions:

Form applicable to Employees, Students, Candidates, Visiting Guests

Payable Department. Once completed and signed, please return to the following email address: payables@csusb.edu

Allow 3 to 5 business days to complete your request. For security purposes, all information will be validated. For detailed direct deposit instructions, please visit: https://www.csusb.edu/accounts-payable/procedures Attention Vendors or Independent Contractors, use the "Vendor Direct Deposit Enrollment" located here: https://www.csusb.edu/accounts-payable/forms-documents

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Section 1 - Action	Requested						
Enroll	Cancel	Change/U	pdate	• 7	To enroll, complete all sections To cancel, complete sections 1, 2 and 4 To change/update, complete all sections		
Section 2 - Payee	Information						
Full Legal Name (Last Na			Email Address (For Direct Deposit Notifications):				
Mailing Address:			City:			State:	Zip Code:
Full Telephone #:	Plea	se check one: Staff Faculty	Student	Visitor	·/Candidate	Coyote ID (S	Digits):
Section 3 - Bankir	ng Information	١					
Account Type: Savings Acct	Checking Acct	Bank Account Number:			Routing Nun	nber (9 Digits,):
Financial Institution Name	e:				Financ	cial Institution	Telephone #:
Financial Institution Branch Address:			City:			State:	Zip Code:
Where are my Accoun Routing and account num can be found on one of y deposit slip). You may als your bank to obtain this i The routing number is the example. The account nu and contains only digits a account number printed enter the spaces. If you Institution. You do not no	nber information no our personal check so log onto your ac information. e 9 digit number as umber can be up to and possibly hypher on your check cont need assistance, co	shown in the 17 characters long ns. If the bank ains spaces, do not ontact your Financial	Your Name Your Street Address Your City, State Zip PAY TO THE ORDER OF Your Bank Bank Address, City, State Zip For Routing Number	: 123	Կ 56 78 900 I count Number	<u> </u>	\$ DOLLARS U.S. Bank Check
form.			3				

Section 4 - Authorization

I authorize the California State University, San Bernardino (CSUSB) to issue deposit payments into the account as indicated on this form. Further, I authorize CSUSB the ability to recover any overpayments made in error by issuing an associated debit entry to my account. Further, I agree not to hold CSUSB responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Accounts Payable of any changes to said bank account in a timely manner. This authorization will remain in effect until cancelled in writing. A new authorization form will be completed if I change my bank account, close my bank account, or change financial institutions. Funds that are rejected by the financial institution will revert to a paper check until an updated form is received by Accounts Payable.

Signature of Account Holder:	Print Full Name:	Date: