

DIRECT DEPOSIT ENROLLMENT FORM

1. TYPE OF ACTION (please check one box)

NEW ADD CHANGE CANCEL

2. EMPLOYEE INFORMATION

Full Name: _____ Department Name: _____

Email Address: _____ Cell Phone Number: _____

3. BANK INFORMATION

VOIDED CHECK or BANK REFERENCE IS REQUIRED!!!
For multiple accounts, please complete another Direct Deposit form.

CHECKING SAVINGS Deposit Amount: _____ (options: full amount, flat, or %)

Routing Number : _____ Account Number: _____

Bank Name: _____ Out of State account, name the State: _____

4. AUTHORIZATION – Please check appropriate Box

- I hereby authorize University Enterprises Corporation at CSUSB to provide for direct deposit of any salary or wages due to me, less any mandatory or authorized withholding or deductions there from, in the above designated accounts.
- I hereby authorize the University Enterprises Corporation at CSUSB to change my direct deposit account.
- I hereby cancel my direct deposit authorization.

In the event of a credit entry error, I authorize University Enterprises Corporation at CSUSB to initiate debit entries and adjustments to correct the error. I am aware it is possible for the direct deposit to be delayed due to unforeseen circumstances beyond our control. I understand it will take two payrolls to activate my direct deposit.

This authorization remains in full force and effect until University Enterprises Corporation at CSUSB receives written notification from the employee of its termination, or until University Enterprises Corporation at CSUSB deems it necessary to terminate the agreement.

Signature

Date

After completion, please return this form to Payroll Office – UEC at CSUSB (909) 537-7225.