Reset Form

FRESNO STATE

Auxiliary Services

Authorization for Direct Deposit of Payroll

Type of Enrollment Action:	Social Security Number OR Auxiliary ID Number:
☐ **NEW** ☐ **CHANGE** ☐ **CANCEL**	Name: (First Middle Last)

To be Completed by Employee if NEW or CHANGE is Checked

Type of Account: ☐ Checking ☐ Savings

Numbers on Form Must Match Supporting Documentation

Routing Number:	Account Number:
Financial Institution Name:	
Financial Institution Address:	

To be Completed by Employee if NEW or CHANGE is Checked

☐ I authorize Auxiliary Services to perform electronic credit entries, and if necessary, and debit entries that are in error to my account, to the financial institution account named above. This authority will remain in force until I have given written notification to terminate it.

Signature	Date

To be Completed by Employee if CANCEL is Checked

☐ I authorize Auxiliary Services to cancel my Direct Deposit.

Signature	Date

Please staple a voided check in this area.

If checks not available, please attach official bank documentation.