

FRESNO STATE

Auxiliary Services

Authorization for Direct Deposit of Payroll

Type of Enrollment Action:	Social Security Number OR Auxiliary ID Number:
<input type="checkbox"/> NEW	
<input type="checkbox"/> CHANGE	Name: (First Middle Last)
<input type="checkbox"/> CANCEL	

To be Completed by Employee if NEW or CHANGE is Checked

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Numbers on Form Must Match Supporting Documentation		
Routing Number:	<input type="text"/>	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.**