

# HARRIS-STOWE STATE UNIVERSITY

## OFFICE OF ACCOUNTING HSSU PAYROLL DIRECT DEPOSIT FORM

**SECTION A – TO BE COMPLETED BY EMPLOYEE – PLEASE TYPE OR PRINT YOUR NAME USING BLUE OR BLACK INK ONLY**

1. TYPE OF ACTION \_\_\_\_ NEW \_\_\_\_ CHANGE \_\_\_\_ CANCEL
2. LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_
3. SOCIAL SECURITY NUMBER \_\_\_\_\_

**SECTION B – TO BE COMPLETED BY EMPLOYEE IF NEW OR CHANGE BOX IN SECTION A IS CHECKED – A VOIDED CHECK MUST BE ATTACHED OR DEPOSIT SLIP**

1. ROUTING # \_\_\_\_\_ DEPOSITOR ACCT. # \_\_\_\_\_
2. TYPE OF ACCOUNT – CHECK ONLY ONE BOX  
 C (Checking)  S (Savings)

3. FINANCIAL INSTITUTION NAME \_\_\_\_\_ 4. TELEPHONE NUMBER \_\_\_\_\_

5. BRANCH NUMBER OR NAME (IF APPLICABLE) \_\_\_\_\_

6. FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SECTION C – TO BE COMPLETED BY EMPLOYEE**

1. CHECK APPROPRIATE BOX

- I hereby authorize Harris-Stowe State University to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that Harris-Stowe State University may terminate my enrollment in the program if the University is legally obligated to withhold part of my wages for any reason.

I understand that Harris-Stowe State University may terminate my enrollment if I no longer meet the eligibility requirements.

- I hereby cancel my Direct Deposit authorization.

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION D – TO BE COMPLETED BY UNIVERSITY – HUMAN RESOURCES APPROVAL**

I hereby certify that I am a duly appointed officer of Harris-Stowe State University and that; being so authorized, does certify that this employee is eligible for payroll direct deposit.

SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE RECEIVED IN OFFICE (MONTH, DAY, YEAR) \_\_\_\_\_