

PAYROLL DIRECT DEPOSIT AUTHORIZATION
ILLINOIS STATE UNIVERSITY

EMPLOYEE NAME (Print): _____ UID _____

NAME OF FINANCIAL INSTITUTION: _____

Please check one: **Checking Account** **Savings Account**
(Attach a "Void" check or any other document showing bank routing number and account number)

I hereby authorize Illinois State University (ISU) to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) for any erroneous credit entries made to my account with the financial institution named above for the net pay of my payroll checks. I further understand that Illinois State University assumes no liability in accepting this authorization other than transmitting funds electronically to the above institution. I also agree not to utilize an investment account that does not allow debit entrees. This authorization remains in effect until ISU has received written notification from me in such time and manner to allow ISU a reasonable amount of time to act upon it.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____