

- New Employee
 Change Account

Direct Deposit Authorization

(Payment Disposition Action)



HUMAN RESOURCES
COLORADO STATE UNIVERSITY

555 South Howes Street, Second Floor
6004 Campus Delivery
Fort Collins, Colorado 80523-6004
P: (970) 491-MyHR (6947)

Employee Information

CSU ID # or Social Security # _____

Last Name _____

First Name _____ MI _____

Home Department _____

Salary Status Salary (Paid Monthly) Hourly (Paid-Bi-Weekly)

As of January 1, 1996, DIRECT DEPOSIT is a condition of employment at Colorado State University. This form should be completed at initial employment or when changing existing banking information (e.g. account number, routing number, etc.)

The information you supply on this form determines where your net pay is deposited. If you have no active checking or savings account, contact the financial institution of your choice to establish an account. The original form should be mailed or delivered to Human Resources at the address above. This information will be processed upon receipt of the form.

Direct Deposit Information

Name of Financial Institution _____

Address _____

City, State, ZIP _____

Checking Account Savings Account

Banking Routing # _____

Account # _____

Employee Authorization

I hereby authorize my employer to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above and the depositories named above each herewithafter called Depository, to credit and/or debit the same to such account(s).

By signing, I acknowledge the electronic payments to the bank account designation above must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and that funds deposited into such bank account will not be credited in their entirety to a foreign bank account.

I understand that it is my responsibility to verify account and routing numbers and confirm that payments have been deposited to my account and the University assumes no liability for overdraft fees for any reason. I understand that in the event my financial institution is not able to electronically deposit funds into my account due to any reason, the University cannot issue a payment to me until the funds are returned to the University by the financial institution.

Signature _____

Date _____

Phone Number _____