



State System of Higher Education

The System Works for Pennsylvania

Direct Deposit Authorization

Name \_\_\_\_\_

Personnel Number \_\_\_\_\_

I hereby authorize the State System of Higher Education to (check one) \_\_\_ Start \_\_\_ Change \_\_\_ Stop total bi-weekly payroll deduction to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Payroll will notify you if the institution you choose does not qualify.

Account Number 1:

Financial Institution's Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Checking or Savings) \_\_\_\_\_

**YOUR NET CHECK WILL BE DEPOSITED TO THIS ACCOUNT**

Please complete the following if you would like a flat dollar figure going to another account in a different financial institution:

Account Number #2:

Financial Institution's Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Checking or Savings) \_\_\_\_\_

Deduction Amount (Designate Dollar Amount) \_\_\_\_\_

Effective with pay date of \_\_\_\_\_

I have an established account at the Financial Institution indicated above, and authorize the State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above. I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Co-Signature (If Joint Account) \_\_\_\_\_

Personnel # \_\_\_\_\_