

This form must be submitted at the time of initial hire (or anytime banking information changes). Allow two weeks for processing this request through the banking system. Your pay stub may be viewed through the YSU Portal.

➔ Please return completed form along with your voided check to Payroll Office. ⬅

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Banner ID No. or SSN</i>
<i>Campus Department</i>			<i>Phone</i>

Initial Authorization

I am currently on Direct Deposit but request a change to the:

Amount **Financial Institution** **Account Number**
(Please allow 3 weeks in advance of the closing of a bank account to ensure proper processing.)

NOTE: You may choose one or two financial institutions (and one or two accounts) for deposit of your pay. If you choose two, you must specify a dollar amount to be deposited into one of the accounts; the remainder of your net pay will go into the other account.

1st Financial Institution (Name):	2nd Financial Institution (Name):
<input type="checkbox"/> CHECKING <i>Must attach a blank, voided check.</i>	<input type="checkbox"/> CHECKING <i>Must attach a blank, voided check.</i>
Routing Number:	Routing Number:
Account Number:	Account Number:
Amount to be deposited: \$	Amount to be deposited: \$
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> SAVINGS
Routing Number:	Routing Number:
Account Number:	Account Number:
Amount to be deposited: \$	Amount to be deposited: \$

By signing below, I authorize Youngstown State University to initiate direct deposit of my net pay to the financial institution(s) and account number(s) specified. In the event Youngstown State University deposits funds erroneously into my account(s), I authorize YSU to debit my account(s) for an amount not to exceed the original amount of credit. I agree to indemnify Youngstown State University against any loss sustained by me by reason of such action. I understand that Youngstown State University maintains the right to terminate, suspend or amend the direct deposit program in whole or in part at any time.



Employee Signature

Date

Payroll Office Use Only

Entered into system on _____ by _____ **Pay Type:** Bi-Weekly Semi-Monthly **Pay Date:** _____

Authorization cannot be processed because: _____