

**California State University Fresno Auxiliary Corporations
Authorization for Direct Deposit of Payroll**

Section A. (To be completed by employee)

1. Type of Enrollment Action <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	2. Social Security Number		
	3. Name (First	Middle	Last)

Section B. (To be completed by employee if NEW or CHANGE in Section A is checked)

1. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<u>Verify Routing/Depositor Numbers with Financial Institution</u>	
2. Routing Number	3. Depositor Account Number
4. Financial Institution Name	
5. Financial Institution Address	

Section C. (To be completed by employee if NEW or CHANGE box in Section A is checked)

1. Check appropriate box <input type="checkbox"/> I authorize Auxiliary Corporations to perform electronic credit entries, and if necessary, any debit entries that are in error to my account, to the financial institution account named above. This authority will remain in force until I have given written notification to terminate it.	
Signature x	Date

Section D. (To be completed by employee if CANCEL in section A is checked)

<input type="checkbox"/> I hereby cancel my Direct Deposit authorization.	Signature x	Date
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**Please Staple In This Area:
A Voided Check**

ONCE COMPLETED, FORWARD TO PAYROLL - MAILSTOP OF33