Direct Deposit Authorization Information Form

I, ______________________________, understand that by signing up for direct deposit my paychecks will be applied directly into my personal bank account. Upon signing up for direct deposit, I will not be eligible to have my paychecks automatically applied to my CSU student account unless I cancel my direct deposit. Cancellations must be in writing using the Direct Deposit Cancellation Form.

Note: The Direct Deposit Cancellation Form is available to print online at charlestonsouthern.edu/studentemployment or at the Student Employment Office in the Hunter Reception Center. Please sign and mail the cancellation form to CSU Student Employment Office at P. O. Box 118087, Charleston, SC 29423 or bring to Student Employment at the Hunter Reception Center on campus.

_____________________________    ___________    ___________
Employee signature    Student ID #    Date
Employee Direct Deposit Enrollment Form

Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee’s direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print.)

Company Code: __________________ Company Name: __________________
(referred to herein as “Employer”) Employee File Number: ________________
Payroll Mgr. Name: __________________ Payroll Mgr. Signature: ________________

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account—not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn’t always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

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**Routing/Transit #**
(A 9-digit number always between these two marks)

**Check #**
(this number matches the number in the upper right corner of the check—
not needed for sign-up)

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**Important! Please read and sign before completing and submitting.**
I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _______________________
Employee Signature: ___________________ Date: ______________

**Account Information**
The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: _______________________

   Routing/Transit #: _______________________

   Account Number: _______________________

  ☐ Checking ☐ Savings ☐ Other
   I wish to deposit: $_________. ___ or ☐ Entire Net Amount

2. Bank Name/City/State: _______________________

   Routing/Transit #: _______________________

   Account Number: _______________________

  ☐ Checking ☐ Savings ☐ Other
   I wish to deposit: $_________. ___ or ☐ Entire Net Amount

3. Bank Name/City/State: _______________________

   Routing/Transit #: _______________________

   Account Number: _______________________

  ☐ Checking ☐ Savings ☐ Other
   I wish to deposit: $_________. ___ or ☐ Entire Net Amount

**ATTENTION PAYROLL MANAGER:**
Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.