



# WEBER STATE UNIVERSITY DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE: \_\_\_\_\_ W# or S.S.N. \_\_\_\_\_  
(Please Print)

FIRST AUTHORIZATION       CHANGE CURRENT DIRECT DEPOSIT       CANCEL

The above named employer is hereby authorized to initiate deposits and, if necessary, adjustments on those deposits to the account (s) listed below.

This authorization will remain in force until changed or revoked by me or an authorized agent through written notification to the Payroll Office.

FINANCIAL INSTITUTION & TELEPHONE NUMBER	ACCOUNT TYPE	ROUTING NUMBER	(See reverse side for explanation)	ACCOUNT NUMBER	PERCENT OR AMOUNT
_____	<input type="checkbox"/> SAVINGS	_____		_____	
_____	<input type="checkbox"/> CHECKING	_____		_____	
_____	<input type="checkbox"/> SAVINGS	_____		_____	
_____	<input type="checkbox"/> CHECKING	_____		_____	
_____	<input type="checkbox"/> SAVINGS	_____		_____	
_____	<input type="checkbox"/> CHECKING	_____		_____	<u>100 % Of Remainder</u>

**Note: Multiple financial institutions must have "100% of Remainder" entered on one of them.**

**PLEASE ATTACH A VOIDED CHECK OR A VOIDED PHOTOCOPY TO VERIFY YOUR ROUTING AND ACCOUNT NUMBER.** If no voided check is attached then it will take one to two pay periods for this authorization to take effect, in which case you will receive a physical check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE UPDATED IF YOU CHANGE YOUR ACCOUNT NUMBER.**