

| Employee Information | tion | | | |
|--|--|---|---|---|
| Name: ID/SSN #: | | | | |
| Bank Information | | | | |
| Financial Institution | (name): | | | |
| Type of Account: (| Please select one) | | | |
| Checking | Savings | Account # | <i>t</i> : | |
| Distribution: Do yo | ou want 100% of your ne | et pay to be depos | sited? (check one) | |
| Yes | No | | | |
| If no, specify the am | nount of your net pay to | be deposited. | | |
| Dollar amount: | \$ | OR | Percentage: | |
| | LREADY EXISTING AC | | ntage. | |
| Dollar amount: | \$ | OR | Percentage: | |
| University in such time and guarantee funds will be D prior to using those funds insufficient funds are the | such manner as to allow the inst eposited into your bank accou s. The University will not accep sole responsibility of the emp eleted payroll cycle after the effect | titution a reasonable opp int. You will be respons ot responsibility when e loyee. | ortunity to act upon it. Thi sible to ensure that your employee fails to do so. | ct until I revoke it in writing to La Sierra is Direct Deposit form does not payroll funds have been deposited first Any fees assessed by the bank due to cation to my financial institution before |
| Signature | | | Date | |
| Once form is com | routing | number and acc | ount number. | bided check or print out with |
| Canceling Direct Dep | nosit: | Date | _ | |
| Bank: | | Account #: | | |
| Dum | | | | |
| Signature | | | Date | |