

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	