Automatic Direct Deposit Authorization

Employee Information

Name: _____ ID/SSN #: _____

Bank Information

Financial Institution (name): _____

Type of Account: (Please select one)

☐ Checking ☐ Savings Account #: _____

Distribution: Do you want 100% of your net pay to be deposited? (check one)

☐ Yes ☐ No

If no, specify the amount of your net pay to be deposited.

Dollar amount: $_____ OR Percentage: _____

CHANGE TO AN ALREADY EXISTING ACCOUNT:
If account is already set up, specify the new amount or percentage.

Dollar amount: $_____ OR Percentage: _____

I hereby authorize La Sierra University to initiate credits and/or corrections to the previous credits to the institution indicated below. The institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until I revoke it in writing to La Sierra University in such time and such manner as to allow the institution a reasonable opportunity to act upon it. **This Direct Deposit form does not guarantee funds will be Deposited into your bank account. You will be responsible to ensure that your payroll funds have been deposited first prior to using those funds. The University will not accept responsibility when employee fails to do so. Any fees assessed by the bank due to insufficient funds are the sole responsibility of the employee.**

I understand that one completed payroll cycle after the effective date specified below, is required for pre-notification to my financial institution before automatic deposits can actually begin.

_____ _____
Signature Date

Once form is completed, please return to the payroll office along with a voided check or print out with routing number and account number.

_____ **For Payroll Office Use Only** _____

_____
Date

Canceling Direct Deposit:

Bank: _____ Account #: _____

_____ _____
Signature Date