

**DIRECT DEPOSIT IS MANDATORY FOR FACULTY AND STAFF EFFECTIVE MAY 1, 2011**

**Financial Information Form**

TODAY'S DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DATATEL ID NO.

S.U. DEPARTMENT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE   ZIP CODE

S.U. PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**By signing below, I authorize you and the financial institution(s) listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account(s) each payday. This authority will remain in effect until I have canceled it in writing.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE PLEASE ATTACH VOIDED CHECK(S) FOR VERIFICATION OF EACH FINANCIAL INSTITUTION**

**1** ACCOUNT NO. \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE   ZIP CODE

ACCOUNT TYPE  CHECKING ACCOUNT  SAVINGS ACCOUNT

**AMOUNT** \$ \_\_\_\_\_ **OR**  ENTIRE PAYCHECK

**2** ACCOUNT NO. \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE   ZIP CODE

ACCOUNT TYPE  CHECKING ACCOUNT  SAVINGS ACCOUNT

**AMOUNT** \$ \_\_\_\_\_ **OR**  ENTIRE PAYCHECK

**3** ACCOUNT NO. \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE   ZIP CODE

ACCOUNT TYPE  CHECKING ACCOUNT  SAVINGS ACCOUNT

**AMOUNT** \$ \_\_\_\_\_ **OR**  ENTIRE PAYCHECK