

State of Illinois/Southern Illinois University Edwardsville Authorization for Deposit of Recurring Payments

Payee To Complete ALL Items

A. Name of Payee	B. Social Security Number of Payee
C. Address of Payee Apt. or P.O. Box	City State Zip

This form is VOID without a deposit slip

D. Name of Financial Organization	H. Circle One: <div style="display: flex; justify-content: space-around;"> Checking Account Savings Account </div>										
E. Street Address	I. Depositor Account Number										
F. City State Zip	J. Depositor Account Title										
G. Transit/Routing Number Check Digit	K. I am authorizing (check one)										
<table style="border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											<input type="checkbox"/> Direct Deposit for the first time. <input type="checkbox"/> Restart <input type="checkbox"/> A change in financial institution/account <input type="checkbox"/> Termination of direct deposit

I authorize and request Southern Illinois University Edwardsville to direct my recurring payments for crediting in my account indicated at the financial organization designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated or Southern Illinois University Edwardsville reserves the right to cancel this agreement by notice to me.

L. Signature	M. Date
--------------	---------

Notice to Employee:

In the first pay period for which the form becomes effective, you will need to pick up your check at the campus distribution point because this initial transmission is a prenote (a zero transaction to your bank to be certain your pay will be credited in the proper account). If there are any problems detected with the prenote, you may have to pick up more than one check. When the delivery location on the Earnings Statement indicates "BANK", the funds are transmitting electronically to a financial institution. If it states "P-xxxx", your transmission was set to prenote and you will need to pick up your check at the campus location indicated. Each pay period, it is the employee's responsibility to verify the funds have been deposited prior to writing checks against the deposit.

Attach Deposit Slip Here

For Office Use Only	
Processed Date	
Processed By	
Pay Period I.D.	