Direct Deposit and Payroll Check Distribution Authorization CSUSM Corporation

| New Employee | Re-Hire | Change i | n Distribution | Cancel |
|---|---|---|--|--|
| Please select ONE : | | | | |
| PAYCHECK - Please select one of the Mail (please provide your mathemathem) Pick up at the Cashiers (| iling address | in the authorizati | ion section below) | |
| DIRECT DEPOSIT - Your pay stub wi the direct deposit options for your fi Mail (please provide your man Pick up at the Cashiers (| will begin (th irst paycheck iling address | is is when the pro /changes: | e-note is done). Plea | wever, it takes one payroll before se select one of the following |
| For Direct Deposit, Please Read Use this form to add, change, or cancel or full deposit (your net pay), or split payone or two accounts and the remaining payonit Authorization Form must be subfollowing payroll period. All changes m | a Direct Depo y into two or net pay to and pmitted to CS | osit. You can set more accounts- p other account). T USM Corporation | up a partial deposit payroll check only - (his form and a <u>Void</u> | (a specified whole dollar amount i ed Check or your Bank's Direct |
| Bank Name: | | | | ☐ Full or ☐ Partial Deposi |
| Transit Routing Number: | | | | |
| Deposit Account Number: | | | | Amount: |
| Checking Account (Attach vo | | | | |
| Bank Name: | | | | ☐ Full or ☐ Partial Deposi |
| Transit Routing Number: | | | | |
| 2 nd Deposit Account Number: | | | | Amount: |
| Checking Account (Attach vo | | 2) | | |
| Authorization given by: | | | | |
| Employee Name: | | | Phone #: | |
| treet: Apt: | | | Apt: | |
| City: | State: | | Zip: | |
| Print Form and Sign Below | | | | |
| Employee Signature | | Dat | a· | |