

Please check only one:

- Staff
- Faculty
- Student

**Azusa Pacific University**  
**AUTHORIZATION FOR DIRECT DEPOSIT**

Employee Name (Print): \_\_\_\_\_

Social Security # (required): \_\_\_\_\_

Phone # (required): \_\_\_\_\_

I authorize Azusa Pacific University to Direct Deposit my regular payroll check and/or initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). If for any reason your bank account(s) should change or be closed, it is YOUR RESPONSIBILITY to notify the payroll office.

**DIRECT DEPOSIT INFORMATION**

1. Direct Deposit will begin approximately two regular pay periods after returning this completed form to Payroll, assuming valid account and bank routing number information has been provided. During this time your bank will be notified that we intend to Direct Deposit funds to your account. Your bank verifies your account number and confirms they are able to accept direct deposits.
2. You can deposit your "net pay" or a portion of your net pay into multiple accounts, even if they are in different banks.
3. IN ADDITION to this Authorization for Direct Deposit, you will need:

**CHECKING ACCOUNT REQUIREMENTS:**

**A voided check must be attached to the authorization form.** If the account holder has no checks, an account verification form from their bank must be attached.

**SAVINGS ACCOUNT REQUIREMENTS:**

**An account verification form from their bank must be attached.**

4. Once your Direct Deposit begins you will notice that the authorized signatures have been replaced with the words NOT NEGOTIABLE. Your pay stub will indicate the account and the amount of the deposit.
5. This authorization will remain in effect until a new form is submitted; a Direct Deposit is canceled with e-mail from you, or your employment with Azusa Pacific University is terminated.

I have read, understand and agree to the Direct Deposit information as stated in this agreement.

Employee Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

**ACCOUNT INFORMATION:**

Please check one:

New

Cancel current information

I wish to have:

100% of my net pay

OR

fixed amount of \$ \_\_\_\_\_

Deposited to my:

checking account

savings account

BANK NAME: \_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_

Social Security # (required): \_\_\_\_\_

Phone # (required): \_\_\_\_\_

**ACCOUNT INFORMATION:**

Please check one:

New

Cancel current information

I wish to have:

100% of my net pay

OR

fixed amount of \$\_\_\_\_\_

Deposited to my:

checking account

savings account

BANK NAME:

BANK PHONE NUMBER:

ROUTING NUMBER:

ACCOUNT NUMBER:

**ACCOUNT INFORMATION:**

Please check one:

New

Cancel current information

I wish to have:

100% of my net pay

OR

fixed amount of \$\_\_\_\_\_

Deposited to my:

checking account

savings account

BANK NAME:

BANK PHONE NUMBER:

ROUTING NUMBER:

ACCOUNT NUMBER:

**ACCOUNT INFORMATION:**

Please check one:

New

Cancel current information

I wish to have:

100% of my net pay

OR

fixed amount of \$\_\_\_\_\_

Deposited to my:

checking account

savings account

BANK NAME:

BANK PHONE NUMBER:

ROUTING NUMBER:

ACCOUNT NUMBER: