Direct Deposit Authorization

Ferris State University
Payroll Office, PRK 257
(231) 591-2160 Phone (231) 591-2975 Fax

Name_____ Social Security Number_____
(please print)

Please check one: ___ Faculty/Staff ___ Student

Deposit ticket or voided check *required*

___New ___Change ___Stop Account Type: ___ Checking ___ Savings

Institution Name_____ ____ % of net check **or** $ _____

Bank Routing/Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number: _____ Institution phone #_____

___New ___Change ___Stop Account Type: ___ Checking ___ Savings

Institution Name_____ ____ % of net check **or** $_____

Bank Routing/Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number: _____ Institution phone #_____

*** NOTE: Direct deposits become effective the SECOND PAYCHECK after this form is received by the FSU Payroll Offce.**
*** When TRANSFERRING direct deposits between banks you will receive one "cashable check"**

I authorize Ferris State University to start crediting my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicted above.

I understand that if my account(s) at the financial institutions(s) listed above have been changed or closed, I must inform the FSU Payroll Office in writing. ***FSU is unable to refund rejected monies until they are credited to the FSU payroll account.***

_____ _____
Signature Date

_____
Campus Phone