

Ferris State Payment Authorization Form

Employee Information							
First Name:				Last Name:			
Phone Number:				Email Address:			
Employee ID Number:				Date of Birth:			
Two Convenient Options							
				posit, your pay will be deposited directly into your checking or rect Deposit becomes effective the second paycheck after II FSU Office.			
Focus Pay Card With the Focus Card, your pay will be deposited onto a prepaid Visa® card. Your card can be used anywhere Visa debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll.						ed 1234 5678 9012 3456	
Account Information If Choosing Direct Deposit:							
 Check the box on the left for each account you would like. Fill in the account information and the deduction amount. For you may select a dollar amount, percentage, or the balance to 				,	IF AVAILABLE, please attach a voided check or copy of check here. Do not attach a deposit		
	Bank Name	Account #	Ro	uting #	Type Of Account	Deduction Amount	
New Change Stop	U.S. Bank Focus Card	N/A	N/A		Focus Card	□ \$00□ %□ Remaining balance	
New Change Stop					☐ Checking ☐ Savings	\$00	
New Change Stop					☐ Checking ☐ Savings	\$00 Remaining balance	
New Change Stop					☐ Checking ☐ Savings	\$00 Remaining balance	
New Change Stop					☐ Checking ☐ Savings	\$00 Remaining balance	
Important Information About Procedures For Opening A New Account							
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.							
I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card or bank account. This authorization will remain in effect until canceled by me with written notification to my employer.							
Signatur	re:		D	ate:			

I understand that if my account(s) at the financial institution(s) listed above has 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.