WEBER STATE UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE: ___________________________________________ W# or S.S.N. __________________

☐ FIRST AUTHORIZATION  ☐ CHANGE CURRENT DIRECT DEPOSIT  ☐ CANCEL

THE ABOVE NAMED EMPLOYER IS HEREBY AUTHORIZED TO INITIATE DEPOSITS AND, IF
NECESSARY, ADJUSTMENTS ON THOSE DEPOSITS TO THE ACCOUNT (S) LISTED BELOW.
This authorization will remain in force until changed or revoked by me or an authorized agent through written
notification to the Payroll Office.

<table>
<thead>
<tr>
<th>FINANCIAL INSTITUTION &amp; TELEPHONE NUMBER</th>
<th>ACCOUNT TYPE</th>
<th>ROUTING NUMBER</th>
<th>(See reverse side for explanation)</th>
<th>ACCOUNT NUMBER</th>
<th>PERCENT OR AMOUNT</th>
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<td>SAVINGS</td>
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<td>CHECKING</td>
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<td>100% Of Remainder</td>
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</tbody>
</table>

Preferred email to receive your pay notification: ____________________________________________

Note: Multiple financial institutions must have "100% of Remainder" entered on one of them.

PLEASE ATTACH A VOIED CHECK OR A VOIED PHOTOCOPY THAT WE WILL USE TO VERIFY YOUR
ACCOUNT AND BANK ROUTING NUMBERS. YOUR WAGES WILL BE DEPOSITED INTO EITHER CHECKING
OR SAVINGS BASED ON THE BOX YOU CHECKED ABOVE.

Signature: ___________________________________________ Date: _____________________________

THIS FORM MUST BE UPDATED IF YOU CHANGE YOUR ACCOUNT NUMBER.

FOR OFFICE USE ONLY
Please check one for account number verification

☐ Bank Form  ☐ Blank Check  ☐ Called Bank  Payroll Staff Initials______________________

Revised 4/4/11
Note: deposit slips should not be used.