

Weber State University Payroll

Direct Deposit Authorization

Employee _____
Please Print

W# or Social Security # _____

WEBER STATE UNIVERSITY PAYROLL 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.

Financial Institution	Account Type	Routing Number	Account Number	Percent or Amount
	<input type="checkbox"/> Savings <input type="checkbox"/> Checking			
	<input type="checkbox"/> Savings <input type="checkbox"/> Checking			
	<input type="checkbox"/> Savings <input type="checkbox"/> Checking			

*Note: If multiple financial institutions are listed, "100% of Remainder" must be entered on one of them.

PLEASE ATTACH A VOIDED CHECK OR A VOIDED PHOTOCOPY THAT WE WILL USE TO VERIFY YOUR ACCOUNT AND BANK ROUTING NUMBERS.

Preferred email to receive your pay notification _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Please check one for account number verification.

Bank Form
 Blank Check
 Called Bank
 Payroll Staff Initials _____