

- Please type or print.
- Leave shaded areas blank
- Send to Controller's Office, Payroll & Records, 655Serra St., MC: 6112

Stanford University
Automatic Paycheck Deposit Authorization

| | | | | | | | |
|-----------------------|-------------|--------------------|----------------------|----|-----------|----|--|
| 1 Social Security No. | Employee ID | 16 17 DB | 20 Branch--Transit # | 28 | Acct. No. | 42 | Bank Acct type C-Checking S- Savings |
|-----------------------|-------------|--------------------|----------------------|----|-----------|----|--|

| | | | | | |
|----------------------|---------|------------------|------------|-------|------|
| Employee Name (Last) | (First) | (Middle Initial) | Department | Phone | Date |
|----------------------|---------|------------------|------------|-------|------|

I wish to (check one)

- **ENROLL** in the University's Automatic Paycheck Deposit Plan, using the financial institution and branch specified at the right. *Please allow four weeks for enrollment to become effective.*
- **CHANGE FINANCIAL INSTITUTION** . Please stop sending my paycheck to the financial institution previously designated. Instead, send deposits to the institution specified at the right. *Payroll & Records will issue you a check until the change is effective, usually one pay period.*
- **CHANGE BRANCH OR ACCOUNT**. Please stop sending my paycheck to the branch or account number previously designated. Instead, send deposits to the branch and account number specified at the right. *The automatic deposit will continue uninterrupted to the new account.*
- **CANCEL** my enrollment in the plan. Instead, send my paycheck to my department.

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| Complete this section If enrolling or changing financial institution, branch or account or cancelling direct deposit. |
| You may designate any bank, savings and loan institution, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfers. Payroll & Records will notify you if the institution you choose does not qualify. |
| Financial Institution's Name <hr/> |
| Branch Address (Street, City, State, Zipcode) <hr/> |
| I have established an account at the financial institution indicated above and authorize Stanford University to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entries in error to my (our) checking and or savings account indicated above. I have attached (below) a copy of my deposit slip. This authorization is to remain in effect until revoked by me in writing or until I terminate my employment with the University. |
| <hr/> Employee's Signature |

EMPLOYEE:
Glue or Tape
Voided Check Here

(Not applicable if you are canceling enrollment)