

**HARRIS-STOWE STATE UNIVERSITY**

**PAYROLL DIRECT DEPOSIT APPLICATION**

HSSU ID: \_\_\_\_\_

**SECTION A – EMPLOYEE INFORMATION. Please type or print using blue or black ink.**

1. Type of Action:  New  Change  Cancel
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION B – FINANCIAL INFORMATION. Please type or print using blue or black ink.**

1. Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_
2. Type of Account (*check only one*):  Checking  Savings
3. Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Branch Number or Name (*if applicable*): \_\_\_\_\_
5. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION C – Check appropriate box and sign in blue or black ink.**

I hereby authorize Harris-Stowe State University to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that Harris-Stowe State University may terminate my enrollment in the program if the University is legally obligated to withhold part of my wages for any reason.

I understand that Harris-Stowe State University may terminate my enrollment if I no longer meet the eligibility requirements.

I hereby cancel my Direct Deposit authorization.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D – HUMAN RESOURCES APPROVAL.**

I hereby certify that I am a duly appointed officer of Harris-Stowe State University and that, being so authorized, do certify that this employee is eligible for payroll direct deposit.

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Received in Office: \_\_\_\_\_ Date Processed: \_\_\_\_\_