



DIRECT DEPOSIT ENROLLMENT AND CHANGE FORM (Payroll and Accounts Payable ACH Payments)

Bi-Weekly Payroll
 Monthly Payroll
 Accounts Payable

<input type="checkbox"/> ENROLL me in direct deposit		<input type="checkbox"/> Change my direct deposit	
BANNER ID#:	FIRST NAME:	M:	LAST NAME:
EMAIL ADDRESS:		PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:

Deposit to my **CHECKING** account (my name is on the account)

Deposit to my **SAVINGS** account (my name is on the account)

I am ATTACHING (check one and STAPLE HERE)

a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address

a **CHECK** marked "VOID" with my preprinted name and current address

an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number

a **DEPOSIT SLIP** for my savings account **PLUS** the bank routing number

I authorize FSU and my bank to deposit my paycheck and/or reimbursements directly to the account listed above. If the transmission fails because I have given incorrect or outdated information, FSU can only provide a replacement payment AFTER the University has received a refund from the financial Institution (usually within 5 working days). It is important that you provide correct account and bank routing numbers, and that you notify the Payroll Office immediately if you change banks.

This completed form must be received in the Payroll Office no less than 15 days prior to your next pay date or reimbursement for the direct deposit to be effective for the next payment.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire payment amount is not subject to being transferred to a foreign bank account.

I authorize FSU to initiate direct deposit entries each pay period and/or for each reimbursement, and if necessary, adjustments for any direct deposit entries in error to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. I understand that it is my responsibility to verify deposits on a reimbursement basis before writing checks against these funds and that FSU is not responsible for bank errors or bank fees.

SIGNATURE:	DATE:
------------	-------