

DIRECT DEPOSIT FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
(562) 985-7950

Received By/Date	_____
Input By/Date	_____
Reviewed By/Date	_____
Activated By/Date	_____

Employee Name _____ CSULB ID Number _____

Select one: Initiate Initial Deposit Change Existing Deposit
 Cancel Net Pay Direct Deposit Cancel Fixed Dollar Direct Deposit

Effective Date _____

Important - Direct deposits will be stopped/started on the next available payroll unless otherwise specified. New deposits typically require that the T T T T T T T T T T complete a new Direct Deposit Form to start direct deposit with your new bank/account. Inactive employment of ninety (90) days will result in automatic cancellation of your direct deposit.

ACCOUNT INFORMATION (Important: Voided check must be attached to this form)

1. Type of Account:	Checking Account	Savings Account
2. Deposit Directive:	Net Pay (Entire Check)	Fixed Amount \$ _____
Financial Institution Name: _____		
Account Number: _____	Routing Number: _____	
Address: _____		
Phone Number: _____		

1. Type of Account:	Checking Account	Savings Account
2. Deposit Directive:	Net Pay (Entire Check)	Fixed Amount \$ _____
Financial Institution Name: _____		
Account Number: _____	Routing Number: _____	
Address: _____		
Phone Number: _____		

AUTHORIZATION

If at any time the amount of salary/wages deposited exceeds the amount of salary/wages due and payable to me, I hereby authorize the 5 H V H D Foundation, at its discretion, to either withhold a sum equal to the overpayment from future salary/wages or recover such overpayment from the above designated account. If the 5 H V H D Foundation is legally obligated to withhold any part of my wage/salary payment for any reason or if I no longer meet eligibility requirements for direct deposit, I understand the 5 H V H D Foundation may terminate my enrollment in the Program.

If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the 5 H V H D Foundation assumes no responsibility for processing a supplemental salary/wage payment until the amount of the non-accepted deposit is returned to the 5 H V H D Foundation by the financial institution. The 5 H V H D Foundation will make every effort to contact you if, for administrative purposes, it becomes necessary to issue a check instead of an electronic transfer.

Signature: _____

Date: _____