

## **Employee Electronic Payment Authorization Form**

Please select one:	□ New ACH/EFT Enrollment	☐ Change To Existing ACH/	EFT □ Cancel	ACH/EFT
<b>Employee Informat</b>	tion:			
Employee Name:		<b>Employee ID:</b>		
<b>Employee Address:</b>				
1. "New ACH/EFT Enrollmen slip, letter from your bank, o	I Institution Information: ts" and "Changes To Existing ACH/EFT" selector copy of a bank account statement. H/EFT" and "Cancel ACH/EFT" selections a			***
Previous Ba	anking Information	New Ba	anking Informati	on
Bank Name:		Bank Name:		
Routing Number:		Bank Address:		
Account Number:		City / State / Zip:		
Name on Account:		Country:		
	st Recent Payments Check / Ref #   Amount	Routing Number:		
Payment C Payment 1:	Amount Amount	Account Number:		
Payment 2:		Name on Account:		
Payment 3:		Type of Account:	☐ Checking	□Savings
Electronic Remittan Name:		Email Address:		
authorize California Star payments to the designa its related entities, rece	ation above is true and correct, and te University, Stanislaus and its reted bank account. This authority revives written notification requestentities, notifies you that the services	elated Auxiliaries (ASI, USC, A remains in full force until Califor- ting a change, cancellation, or	BS, FDN) to elec rnia State Univers	tronically deposity, Stanislaus, o
Authorized Signature:		Date:		
Printed Name:		Title:		
Submit completed CSU Stanislaus – F Attn: Accounts Pay One University Circ Turlock, CA 95382 Fax: (209) 667-30 Email: accountspay	inancial Services able cle MSR 270 2-3200 076			