

California State University | Stanislaus

Authorization for Electronic Payment

Employee Information:

Employee Name: _____

Employee Address: _____

City: _____ State/ Zip Code: _____

Telephone Number: _____ E-Mail: _____

Employee ID Number: _____

Bank information:

Bank Name: _____

Bank Address: _____

City: _____ State/Province: _____

Postal Code: _____

Bank Routing Code: _____ Checking Savings

Bank Account Number: _____

Bank Account Holder Name: _____

Remittance Advice Information:

Contact Name: _____ Email Address: _____

Authorization:

I certify that the information above is true and correct, and that I hereby authorize California State University, Stanislaus and its related Auxiliaries (ASI, USU, ABS, FDN) to electronically deposit payments to the designated bank account. This authority remains in full force until California State University, Stanislaus or its related entities, receives written notification requesting a change, cancellation, or until California State University, Stanislaus or its related entities, notifies you that the service is no longer available.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Please submit the completed form to:

Financial Services Accounts Payable

Fax: (209) 667-3076

Office Location: MSR 270

Email: Fin_Stud@csustan.edu

Please Apply My Direct Deposit Info to:

- Travel Reimbursements
- Reimbursements by State Funds
- Reimbursements by Auxiliary Funds