



Employee Payroll Direct Deposit Form

Authorization Agreement for Automatic Deposits

**Please attach voided checks when applicable.*

I hereby authorize Susquehanna University to initiate credit entries to the following accounts as specified below.

**Total number of accounts indicated below and/or additional accounts attached = _____*

1. Checking Savings Health Savings Account (HSA)

Name of Bank, Credit Union, etc.

City

State

ABA Routing Number: _____ (9-digits required)

Account Number: _____

Amount to be deposited: Specific Amount of \$ _____ -OR- Remainder of Check

2. Checking Savings Health Savings Account (HSA)

Name of Bank, Credit Union, etc.

City

State

ABA Routing Number: _____ (9-digits required)

Account Number: _____

Amount to be deposited: Specific Amount of \$ _____ -OR- Remainder of Check

3. Checking Savings Health Savings Account (HSA)

Name of Bank, Credit Union, etc.

City

State

ABA Routing Number: _____ (9-digits required)

Account Number: _____

Amount to be deposited: Specific Amount of \$ _____ -OR- Remainder of Check

Name _____

Signature _____

Social Security Number _____-_____-_____

Date _____