Susquehanna UNIVERSITY

Employee Payroll Direct Deposit Form

(Please deliver in person if possible. Payroll will not make the change until authenticated by an HR representative.)

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 _____

HR Signature _____ Date _____