



COLUMBUS STATE
UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION

Bi-weekly () Monthly ()

This is my authorization to Columbus State University to automatically credit my checking, savings, and/or credit union accounts.

CHEC
 SAV

#1
Bank Transit Number _____ Account Number _____
at _____ financial institution in _____
City _____ State _____ Zip _____

% OR \$

CHEC
 SAV

#2
Bank Transit Number _____ Account Number _____
at _____ financial institution in _____
City _____ State _____ Zip _____

% OR \$

CHEC
 SAV

#3
Bank Transit Number _____ Account Number _____
at _____ financial institution in _____
City _____ State _____ Zip _____

% OR \$

I understand that this authorization will be in effect until I notify Columbus State University, in a timely manner, in writing that I no longer desire this service. I also understand that if corrections in the deposit amount are necessary, it may involve an adjustment (credit or debit) to my account.

This authorization is nonnegotiable and nontransferable.

Employee Name

Employee SSN

Employee Signature

Date

Please attach a voided check to this form. Please check with Human Resources to find out when your automatic deposit will take effect.