DIRECT DEPOSIT FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION

(562) 985-7950

Received By/Date	
Input By/Date	
Revieved By/Date	
Activated By/Date	

Employee Nam	ne	CSULB ID Number
Select one:	Initiate Initial Deposit	Change Existing Deposit
	Cancel Net Pay Direct Deposi	t Cancel Fixed Dollar Direct Deposit
Efective Date		
require that th á complete a new Di	ттт	he next available payroll unless otherwise specifed. New deposits typically T T T T T T T T posit with your new bank/account. Inactive employment of ninety (90) days will
ACCOUNT INFC		neck must be attached to this form) Savings Account
2. Deposit Dire	ective: Net Pay (Entire Che	eck) Fixed Amount \$
Financial Institu	ution Name:	
	er:	
	r:	
1. Type of Acco	ount: Checking Account	Savings Account
2. Deposit Dire	ective: Net Pay (Entire Che	eck) Fixed Amount \$
Financial Instit	ution Name:	
	er:	
Phone Number		

AUTHORIZATION

If at any time the amount of salary/wages deposited exceeds the amount of salary/wages due and payable to me, I hereby authorize the 5 H V H DRotenklation, at its discretion, to either withhold a sum equal to the overpayment from future salary/wages or recover such overpayment from the above designated account. If the 5 H V H DRotenklation is legally obligated to withhold any part of my wage/salary payment for any reason or if I no longer meet eligibility requirements for direct deposit, I understand the 5 H V H DRotenklation may terminate my enrollment in the Program.

If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the 5 H V H DFdun dation assumes no responsibility for processing a supplemental salary/wage payment until the amount of the non-accepted deposit is returned to the 5 H V H DFdun dation by the financial institution. The 5 H V H DFdun dation will make every effort to contact you if, for administrative purposes, it becomes necessary to issue a check instead of an electronic transfer.

Signature: