

**STUDENT SERVICES, INC.**  
**WEST CHESTER UNIVERSITY**  
**AUTHORIZATION FOR DIRECT DEPOSIT OF PAY**

**SECTION 1 EMPLOYEE INFORMATION**

|   |                      |   |          |
|---|----------------------|---|----------|
| NAME OF PAYEE (last, first, middle initial) |                      | SOCIAL SECURITY NUMBER  |          |
| ADDRESS (street, route, P.O. Box)           |                      | <b>ACTION TO BE TAKEN</b><br><br><input type="checkbox"/> Start Direct Deposit<br><input type="checkbox"/> Change of Financial Information<br><input type="checkbox"/> Change of Account Number<br><input type="checkbox"/> Stop Direct Deposit<br><input type="checkbox"/> Change in Direct Deposit Amount<br><input type="checkbox"/> Amount \$ _____ |          |
| CITY  | STATE                |   | ZIP CODE |
| TELEPHONE NUMBER                            |                      |   |          |
| PAYROLL ID NUMBER                           | DEPARTMENT OR AGENCY |   |          |

**EMPLOYEE CERTIFICATION**

Unless otherwise indicated above, I hereby authorize and request **Student Services, Inc., West Chester University** to direct the net amount of my biweekly pay for crediting to my account indicated at the FINANCIAL INSTITUTION designated below, and I further authorize the FINANCIAL INSTITUTION to credit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and such manner as to allow my EMPLOYER a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my EMPLOYER shall constitute sufficient authorization to terminate this agreement.

I agree to notify my EMPLOYER if I wish to change the designated FINANCIAL INSTITUTION, account, or amount to which my net pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

|                    |      |
|--------------------|------|
| EMPLOYEE SIGNATURE | DATE |
|--------------------|------|

**SECTION 2 FINANCIAL INSTITUTION INFORMATION**

|  |   |                      |
|--|---|----------------------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION  | ROUTING NUMBER  | CHECK DIGIT          |
|  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
|  | TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |                      |
| DEPOSITOR ACCOUNT NUMBER   |   |                      |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   |                      |