

**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>  <input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change of Financial Information <input type="checkbox"/> Change of Account Number <input type="checkbox"/> Stop Direct Deposit <input type="checkbox"/> Change in Direct Deposit Amount <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
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**SECTION 2 FINANCIAL INSTITUTION INFORMATION**

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