

DIRECT DEPOSIT FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
(562) 985-7950

Received By/Date	_____
Input By/Date	_____
Reviewed By/Date	_____
Activated By/Date	_____

Employee Name _____ CSULB ID Number _____

Select one: Initiate Initial Deposit Change Existing Deposit
 Cancel Net Pay Direct Deposit **Cancel** Fixed Dollar Direct Deposit

Effective Date _____

Important - Direct deposits will be stopped/started on the next available payroll unless otherwise specified. New deposits typically require that the first pay period following initiation be considered a "pre-notification" run to make sure the account information is correct. Therefore, that pay period will result in a paper check being cut. If the "pre-notification" deposit is successful, the second pay period following initiation will go directly into your account(s) listed below. If you have multiple direct deposits, please be sure to list the accounts you would like cancelled separately (accounts not listed will not be cancelled).

If you are changing banks or accounts, you must complete this form to stop deposits from going to your old bank/account and complete a new Direct Deposit Form to start direct deposit with your new bank/account. Inactive employment of ninety (90) days will result in automatic cancellation of your direct deposit.

ACCOUNT INFORMATION (Important: Voided check must be attached to this form)

1. Type of Account:	Checking Account	Savings Account
2. Deposit Directive:	Net Pay (Entire Check)	Fixed Amount \$ _____
Financial Institution Name: _____		
Account Number: _____	Routing Number: _____	
Address: _____		
Phone Number: _____		

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2. Deposit Directive:	Net Pay (Entire Check)	Fixed Amount \$ _____
Financial Institution Name: _____		
Account Number: _____	Routing Number: _____	
Address: _____		
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 Research Foundation, 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 Research Foundation 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 Research Foundation 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 Research Foundation assumes no responsibility for processing a supplemental salary/wage payment until the amount of the non-accepted deposit is returned to the Research Foundation by the financial institution. The Research Foundation will make every effort to contact you if, for administrative purposes, it becomes necessary to issue a check instead of an electronic transfer.

Signature: _____

Date: _____