

**Indiana State University**  
Direct Deposit of Payroll  
Authorization Agreement Form

Name \_\_\_\_\_ University ID # \_\_\_\_\_

I hereby authorize Indiana State University to initiate direct deposit credit entries and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated below.

This authority is to remain in full force and effect until Indiana State University has received written notification from me of its termination in such time and in such manner as to afford Indiana State University and the financial institution named below a reasonable opportunity to act on it.

Name of Financial Institution \_\_\_\_\_  
(bank, credit union, etc.)

Financial Institution Address \_\_\_\_\_

Financial Institution Phone Number \_\_\_\_\_

Routing Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account (Please check one):      Checking \_\_\_\_\_      Savings \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

**ATTACH A VOIDED CHECK OR ACCOUNT CARD TO THIS FORM, AND RETURN TO:**

**ISU Payroll Office  
408 Rankin Hall  
Terre Haute, IN 47809**