

# Boise State University Direct Deposit Form

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

**Employee Name:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Bank / Credit Union Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Type of Account:** Checking \_\_\_\_\_ o Savings \_\_\_\_\_

I hereby authorize Boise State University to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. I also authorize the above named depository to credit and/or debit the same to my account. I understand Boise State will make every effort to notify me before such action is taken.

This authority is to remain in full force and effect until Boise State University has received written notification from me two weeks prior to the termination of the direct deposit or if I elect to make a change on HR Self Service. If Boise State does not receive two weeks' notice I understand that this may cause a delay in the receipt of my paycheck.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving back to forward the full direct deposit to a bank in another country, I will inform my employing institution immediately.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return for to: Payroll Services, 1910 University Drive MS1265, Boise ID 83725-1265. Located in Capitol Village #3. Campus mail 1265. Fax: 208-426-3100