


# Payroll Direct Deposit Authorization Agreement

Employee Name: <small>(Please Print)</small>
USF ID # : <small>(Located on USF Connect/Paycheck)</small>

- Complete all required information and return form to:  
 University of San Francisco  
 Payroll Office – Accounting & Business Services  
 2130 Fulton Street | Lone MountainNorth 3rd Floor | San Francisco, CA 94117-1080

OR

- Email an electronic copy to payroll@usfca.edu

JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234	_____ 19
PAY TO THE ORDER OF _____	\$ <input style="width: 50px;" type="text"/>	
Your Town Bank Your Town, FL 12345	DOLLARS	
<i>Routing Number</i> For _____		
<i>Account Number</i> 		

Select one:	ENROLL	CHANGE	CANCEL
By checking here, I elect to waive the standard 30 day pre-note period. I understand that if the funds are routed incorrectly, they will not be recovered until the original funds are returned.			
Financial Institution Name: _____			
<b>CHECKING</b>	<b>SAVINGS</b>		
Routing Number: _____	Routing Number: _____		
Account Number: _____	Account Number: _____		
Deposit Amount: _____ 100% (Net) (or) \$ _____ Flat Amount (enter amount)	Deposit Amount: _____ 100% (Net) (or) \$ _____ Flat Amount (enter amount)		

<b>FOR PAYROLL USE</b>		
_____ Date Received	_____ Date Processed	_____ Completed by