



SALARY DEPOSIT REQUEST

Payroll Department
307 Rider I Building
University Park, PA 16802
Employer I.D. No. 24-6000376

COMPLETE ENTIRE FORM / SIGNATURE REQUIRED. Please print or type all information except signature. **Prior to completing this form, read "Authorization Agreement for Net Pay Deposit," below.** For additional information, see page 5.05 in the General Forms Usage Guide in *GURU*.

EMPLOYEE	Social Security No.	Last Name	First Name	Middle Name	Suffix
Office Address (include Location Code)			Type of Payroll: <input type="checkbox"/> Monthly <input type="checkbox"/> Wage <input type="checkbox"/> Regular Biweekly		
TYPE OF CHANGE <input type="checkbox"/> Terminate depositing my salary <input type="checkbox"/> Change my deposit information to what appears on this form			Bank Name		
SELECT ONLY <u>ONE</u> TYPE OF ACCOUNT BELOW:					
<input type="checkbox"/> CHECKING - IF SELECTED, A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM.					
<input type="checkbox"/> SAVINGS - Savings Account No. _____ Bank's Routing Transit No. _____					
Pay date on which deposit starts _____			Employee Signature _____ Date _____		

AUTHORIZATION AGREEMENT FOR NET PAY DEPOSIT

Effective 11-01-93, all newly hired employees MUST have their salary directly deposited.

By my signature on the front of this form, I hereby authorize the direct deposit of my salary to the checking account and financial institution represented by the attached voided check, or the savings account and financial institution indicated on the reverse side. Such direct deposits will be made on each succeeding pay day unless I choose to change or terminate the agreement by submitting a newly completed form (type of action allowed contingent upon my hiring date; terms specified in above paragraph). Any such notification to the University shall become effective following receipt, after a reasonable opportunity to act on it.

Effective May 1, 2001: In addition to salary deposits, other types of payments, such as (but not limited to) travel reimbursements, travel advances, flex benefit reimbursements, and group meal reimbursements will be deposited.

In the event that the University deposits funds erroneously into my account, I authorize the University to debit my account for an amount not to exceed the original amount of the credit.

This request must be filed by the established payroll cut-off date for which the deposit is to begin or change.