

## **Employee and Student EFT Enrollment**

Form applicable for accounts payable payments issued to Employees and Students only

## **Instructions:**

Form applicable to Employees and Students Used to enroll, cancel or update direct deposits issued by the Accounts Payable Department. Once submitted, please allow 3 to 5 business days to complete your request. For security purposes, all information will be validated. For detailed EFT instructions, please visit: https://www.csus.edu/administration-business-affairs/internal/aba-forms.html

Section 1 - Actio	n Requested							
Enroll	Cancel	Change/U	Jpdate •	<ul> <li>To enroll, complete all sections</li> <li>To cancel, complete sections 1, 2 and 4</li> <li>To change/update, complete all sections</li> </ul>				
Section 2 - Payee	Information							
Full Legal Name (Last Na	Email Address (For Direct Deposit Notifications):							
Mailing Address:			City:		Sta	te:	Zip Code:	
Full Telephone #:	rull Telephone #:  Please check one:  Staff		Faculty Student			Sac State ID Number:		
Section 3 - Banki	ng Information							
Account Type: Savings Acct	**			Rou	outing Number (9 Digits):			
Financial Institution Name:					Financial In	ancial Institution Telephone #:		
Financial Institution Bran	ch Address:		City:		Sta	te:	Zip Code:	
Where are my Accour Routing and account nur can be found on one of y deposit slip). You may al your bank to obtain this  The routing number is th example. The account n and contains only digits a account number printed enter the spaces. If you Institution. You do not r form.	nber information nerour personal checks iso log onto your accinformation.  The 9 digit number as umber can be up to and possibly hyphen on your check continued assistance, co	seded for this form s (do not use a count online or call shown in the 17 characters long is. If the bank ains spaces, do not ntact your Financial	Your Name Your Street Address Your City, State Zip  PAY TO THE ORDER OF  Your Bank Bank Address, City, State Zip  For Routing Number		Number Exa	LOO L  mple of a U.	\$	1001  DOLLARS
	rization							
Section 4 - Author I hereby authorize in acc University, Sacramento ( by me referenced above. Such debits are authorize retrieval of reimburseme ed if I change my bank a  I understand that, per CS pleted travel expense cla any outstanding advance mitting to the Accounts I tion activities. Failure to tion from future travel ex	ordance with the rul (CSUS) to credit any Further, I hereby au ed only to perform lent overpayments. The count, close my basim shows that I did a balance to the Bu comply with this po	reimbursement due to not thorize CSUS to withdray egitimate and appropriate his authorization will remark account, or change find procedures, a travel advanct use the entire advanct ursar's office in Lassen Hodoc Hall, Room 3005 folicy will result in collect	ne via electronic fund aw funds from the abo e financial transactions nain in effect until can nancial institutions. vance is due and payal e requested, I am still all, Room 1001, and a or processing. My acco	transfer ("I we reference between receled in wr bele within a responsible ttach the re-	EFT") to the ed bank accome and CSUS riting. A new 30 days after a for the entireceipt to my to a travel adva	bank and ba bunt owned is including, authorization a trip is controlled travel expendence paymen	nk account or by me via EF but not limite on must be co appleted. If my mount. I will se claim whe t authorizes c	wned T debit. ed to, omplet- y com- l repay en sub- collec-
Signature of Account Hol	der:	Print Full N	lame:			Date:	•	