IDAHO STATE UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION

Type of Action
(Check one)

☐ New Authorization
☐ Cancellation Request

Employee Name (Last, First, Middle)

Pay date Effective

☐ Checking Account ☐ Savings Account

Social Security No.

* To be entered by Human Resources/Payroll from voided check

* / / / / / / / / / /
Employee Bank ID Number

Bank Name

* / / / / / / / / / / / /
Employee Bank Account Number

THIS IS AUTHORIZATION TO IDAHO STATE UNIVERSITY FOR DIRECT DEPOSIT OF MY PAYROLL CHECK TO THE BANK INDICATED ABOVE.

Employee Signature

Date