

# Idaho State UNIVERSITY

## Employee DIRECT DEPOSIT AUTHORIZATION FOR ACCOUNTS PAYABLE

Upon completing this form, submit the signed original to Idaho State University, Controller's Office  
921 S. 8<sup>th</sup> Ave, Campus Stop 8219, Pocatello, ID 83209, Fax: (208) 282-4725 or email form to [acctspay@isu.edu](mailto:acctspay@isu.edu).

### TRANSACTION TYPE (Check all appropriate boxes.)

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change account number
<input type="checkbox"/> Change account type	

### PAYEE IDENTIFICATION

Banner #		<b>OR</b>	Bengal ID	
Individual Name		Phone Number	Email Address (REQUIRED) for deposit notification <b>@isu.edu</b>	
Mailing Address	City	State	ZIP Code	

### FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

Financial Institution Name		City	State
Routing Transit Number	Customer Account Number	Type of Account <b>Checking      Savings</b>	

### CANCELLATION

Reason	Date
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It is important that you understand the direct deposit benefit and your responsibilities associated with it.

- Note:** After enrolling in Direct Deposit all funds specified will be deposited directly to your bank account unless this agreement is terminated or amended by written notification. It is each employee's responsibility to notify the ISU Controllers office in writing (by submitting this document with the Transaction Type marked as Change or Cancellation). If a change to your bank account occurs without the University receiving written notification, a delay in the receipt of funds will occur (up to 10 business days). If funds are direct deposited to your account in error, the University may initiate a debit transaction against the account to recover/remove the funds.
- Employees will receive email notification to their ISU email providing advance notice of the payment posting to the employee's account.
- It is your responsibility to verify the funds have been deposited into your account. Idaho State University is not responsible for any bank charges or overdrafts to your account.
- Payments will be considered complete when your financial institution has received or has control of the payment (which may not coincide with the posting of funds to your account).

- 5. ISU is not responsible for any loss arising from error, mistake, or fraud in the information you provide or from a loss of data caused by the actions of another financial institution.
- 6. From time to time during your employment with Idaho State University (“ISU”), you may incur debt to ISU. This debt can be incurred for things such as travel advances, fines, tuition and fees, returned checks for non sufficient funds, and departmental charges among other things. By submitting this document for direct deposit you are granting ISU the authority to deduct any past due amounts you owe ISU up to a maximum amount equal to one-half of the reimbursement and to continue such deductions until the debt is fully discharged. This authorization is not revocable.

ISU hereby agrees to provide the above-named employee with at least 10 days advance notification of the amount(s) to be deducted and the date(s) on which the deduction will occur. This notification will be provided in writing or by email to the employee’s ISU-provided email address.

- 7. **Travel Advance** – I understand that travel advances will be deposited directly into my bank account. These amounts must be substantiated by travel reimbursement requests with accompanying receipts. Travel reimbursement form must be filed with the Accounts Payable office within 15 days of the return date of associated travel.

By signing this document you authorize ISU to deduct from your pay any travel advance balances that are past due. You also acknowledge that if payroll deduction becomes necessary to pay outstanding balances that you will not be eligible for future travel advances without express permission from the vice president for finance and administration.

**AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION**

I authorize the Idaho State University Accounts Payable office to deposit payments to my financial institution electronically. I also agree to comply with the National Automated Clearing House Association’s rules and Idaho State University’s Policies and Procedures for electronic payments at all times.

Authorized Signature	Printed Name	Date
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*For additional information or assistance, please contact the ISU Accounts Payable office by:*

*Email: [acctspay@isu.edu](mailto:acctspay@isu.edu)*

*Phone: (208) 282-2511 or (208) 282-4207*

**Please attach a voided check  
or  
Bank Direct Deposit  
Authorization Form**