

San José State University Research Foundation

Direct Deposit Authorization Form

NOTE: Please attach a voided check for each account (deposit slip is not acceptable) or other official document verifying your account and routing number. It takes up to two pay periods to direct deposit your check after submission of this form.

Date			
Employee Name			
Employee ID			
Home Address			
Home Phone			
Bank Name			
Bank Phone			
Checking		Savings	
Transit Routing number			
Account number			
Full Deposit		Or Partial Deposit	\$
Bank Name			
Bank Phone			
Checking		Savings	
Transit Routing number			
Account number			
Full Deposit		Or Partial Deposit	\$
Bank Name			
Bank Phone			
Checking		Savings	
Transit Routing number			
Account number			
Full Deposit		Or Partial Deposit	\$

I authorize San Jose State University Foundation to direct deposit my check to the above referenced bank account/accounts.

Signature

Date