

DIRECT DEPOSIT AUTHORIZATION FORM

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

SECTION 1: PERSONAL INFORMATION

I am a (select one):

- Monthly-paid Employee (Faculty, AP Staff, Grad/Undergrad Assistant)
 Semimonthly-paid Civil Service Employee
 Biweekly-paid Civil Service Employee
 Biweekly-paid Student Employee

NOTE: Student employees may view a statement of earnings on Salukinet.

Last Name: _____ First Name: _____ MI: _____ Last 4 digits of Social Security Number: _____
X X X - X X - _____
Phone Number (Daytime): _____ Email Address: _____

In order to comply with the US Office of Foreign Assets Control (OFAC) and National Automated Clearing House Association (NACHA) regulations, you must notify the University Human Resources Payroll area if you receive a payment from the University via direct deposit at a US financial institution and forward the entire amount to a financial institution in a foreign country.

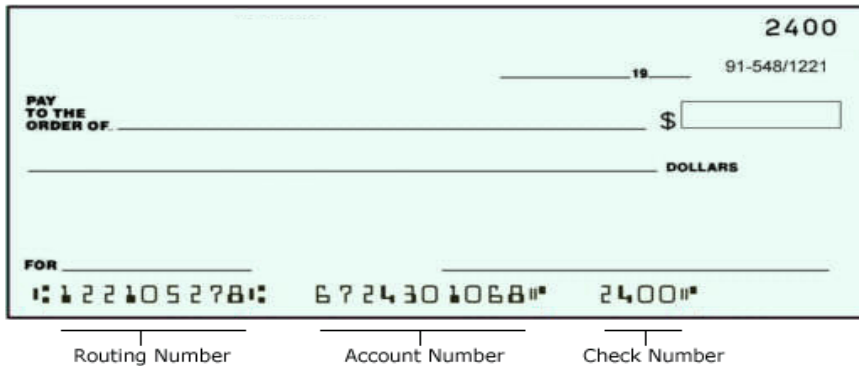
SECTION 2: BANK ACCOUNT INFORMATION

Name of Financial Institution: _____ Address of Financial Institution (City, State): _____

Account Type: _____ Transit / Routing Number: _____
 Checking Savings _____

Account Number: _____

Attach a **VOIDED** check to the left margin of this area (optional).



Bring the completed form with a photo ID to:

Human Resources - Payroll
Woody Hall
Southern Illinois University
900 S. Normal Ave
Carbondale, IL 62901

Or send through [MOVEit](#), a secure electronic file share, to the appropriate [Payroll Specialist](#).

SECTION 3: AUTHORIZATION

I authorize Southern Illinois University Carbondale to direct my recurring payments for crediting (deposit) in the account indicated at the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. Deposit payments include, but are not limited to, travel/expense reimbursement and employment pay (payroll). This authorization is not an assignment of my right to receive payment and revokes all prior payment directions applicable to these payments. I understand that the financial institution designated or Southern Illinois University reserves the right to cancel this agreement by notice to me.

Signature: _____ Date: _____

For SIU use only: Activated in system by (initials): _____ on: _____ HRMS Assignment #: _____