



SAN DIEGO STATE
UNIVERSITY

**ACCOUNTS PAYABLE
EMPLOYEE
DIRECT DEPOSIT AUTHORIZATION FORM**

Employee: _____ RED ID#: _____

SDSU Email address (REQUIRED): _____

Department: _____ Extension: _____

IF YOU ARE SETTING UP A NEW DIRECT DEPOSIT, YOU MUST ATTACH A CHECK MARKED "VOID."

To set up a **NEW Direct Deposit:**

Bank Name	
Routing Number	
Account Number	
Type of Account (circle one)	Checking Savings

To **CHANGE** a current Direct Deposit:

Old Bank Name		New Bank Name	
Old Routing Number		New Routing Number	
Old Account Number		New Account Number	
Type of Account (circle one)	Checking Savings	Type of Account (circle one)	Checking Savings

To **CANCEL** a Direct Deposit:

Bank Name	
Routing Number	
Account Number	
Type of Account (circle one)	Checking Savings

I hereby authorize San Diego State University to make the deposits/changes indicated above for electronic funds transfer for travel and other reimbursement payments issued by Accounts Payable. (For payroll direct deposit a separate form must be submitted to the [State of California](#).) SDSU is also authorized to draw drafts to adjust any OVER-deposit(s) made in error to my account. I will not hold my bank liable for any erroneous deposits or adjustments by SDSU.

Signature: _____ Date: _____

Supplier Technician Use only:

Date Received: _____ Date Entered in Supplier File _____

Entered by: (Name) _____ (Signature) _____