❑ New
❑ Change

PAYMENT DISPOSITION ACTION (PDA)

Colorado State University

Knowledge to Go Places

EMPLOYEE INFORMATION (please print legibly in ink or type)

Employee ID # (Social Security #) _____ – _____ – _____

Last Name, First, M.I. _____

Home Department CEMML 1490 _____ CHECK ONE: ❑ Hourly Position (paid biweekly) ❑ Salary (paid monthly)

As of January 1, 1996, DIRECT DEPOSIT is a condition of employment at Colorado State University. The data you supply on this form determines where your net pay is deposited. If you have no active checking or savings account, contact the financial institution of your choice to establish an account.

We recommend that you verify your first deposit after the change before drawing against your account. Colorado State University cannot assume any fiscal liability for charges assessed against the employee due to erroneous bank account numbers, miscommunications, etc. Exemptions to mandatory direct deposit may be approved under limited circumstances. Contact the Payroll Manager at (970) 491-5853 to make an appointment for consideration.

THIS FORM SHOULD BE SUBMITTED ONLY AT THE TIME EMPLOYMENT BEGINS OR TO CHANGE AN EXISTING DIRECT DEPOSIT ACCOUNT NUMBER. RETURNING STUDENTS DO NOT NEED TO RESUBMIT THIS FORM AT THE BEGINNING OF A NEW TERM OR WHEN CHANGING DEPARTMENTS.

DIRECT DEPOSIT DATA:

Name of Financial Institution _____ Street Address _____ City, State, ZIP _____

Bank Routing # _____ Account # _____ Account type (check one): ❑ Checking ❑ Savings

Financial Institution Phone # _____ – _____ – _____

EMPLOYEE AUTHORIZATION (EMPLOYEE MUST SIGN)

I hereby authorize my employer to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above and the depositories named above each herewithafter called Depository, to credit and/or debit the same to such account(s).

Signed _____

Date _____

Campus (work) phone 1-2748 _____

ATTACH:

VOIDED CHECK FOR CHECKING ACCOUNT

OR

DEPOSIT SLIP FOR SAVINGS ACCOUNT

Rev 05/03

White Copy - *Payroll Department* Yellow Copy - *Employee Record*