Cleveland	State University

(For Office Use Only) Effective Date _____ Pay Cycle: BW SM M

Initials ____

REQUEST FOR AUTOMATIC DEPOSIT (ACH CREDIT)

I hereby request that the CLEVELAND STATE UNIVERSITY PAYROLL DEPARMENT initiate credit entries and/or debit entries and adjustments for any credit entries in error to my account indicated below and I further request the FINANCIAL INSTITUTION named below, to credit and/or debit the same to such account.

PLEASE CHECK HERE IF YOU ARE HAVING PAYROLL FUNDS MOVED FROM YOUR U.S. BANK TO A NON-U.S. BANK AFTER YOUR DEPOSIT HAS BEEN MADE

I understand and agree that this request will remain in full force and effect until the Cleveland State University Payroll Department has received written notification from me of any change or termination in this request in such a manner as to accord the Cleveland State University Payroll Department a reasonable opportunity to act on this notification.

Name		CSU ID	
	(Please Print)		
Day time phone numbe	er/Campus Ext		
Date	Signature		
	STAPLE VOIDED C	HECK TO BACK OF CARD	