



# COLUMBUS STATE UNIVERSITY

## Direct Deposit Notification Form

In accordance with the Required Electronic Transfer of Funds policy effective July 1, 2011 a person hired or rehired to a position at Columbus State University after July 1, 2011 is required to accept all payroll-related payments by direct deposit.

The complete policy can be found in the Board of Regents Policy Manual, Section 7 Finance and Business, 7.5.1.1, Required Electronic Transfer of Funds, at the following location: <http://www.usg.edu/policymanual/>. The business procedures and related documents can be found in the Business Procedures Manual, Section 5, Payroll, 5.3.1, Method of Payment for Compensation and at the following location: <http://www.usg.edu/policies/>

I understand, that as a new hire or rehired applicant, I must comply with the Board of Regents Policy and enroll in direct deposit within **30 days** of being hired or rehired and remain enrolled in direct deposit during the remainder of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# COLUMBUS STATE UNIVERSITY

## DIRECT DEPOSIT AUTHORIZATION

ف CEHC  
ف VAS

Bank Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_  
at \_\_\_\_\_ financial institution in \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

% OR \$  
\_\_\_\_\_

ف EC  
ف AS

Bank Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_  
at \_\_\_\_\_ financial institution in \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

% OR \$  
\_\_\_\_\_

ف EC  
ف AS

Bank Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_  
at \_\_\_\_\_ financial institution in \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

% OR \$  
\_\_\_\_\_

I understand that this authorization will be in effect until I notify Columbus State University, in a timely manner, in writing that I no longer desire this service. I also understand that if corrections in the deposit amount are necessary, it may involve an adjustment (credit or debit) to my account.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date