

PAYROLL DEPARTMENT

PAYCHECK DISPOSITION

LAST NAME

FIRST NAME

MAILING ADDRESS

CAMPUS/ASSIGNMENT

HOME TELEPHONE NUMBER

Check below the way you wish to have your checks handled. **If direct deposit is not selected, you will be responsible for the stop payment fee we are charged should we have to replace a pay check.**

SEND TO CAMPUS: _____

PICK UP AT ADMIN: _____

DIRECT DEPOSIT: _____ (Voided check must be attached)

NAME OF BANK

BANK ACCOUNT NUMBER

____ CHECKING

____ SAVINGS

ROUTING NUMBER

DATE

SIGNATURE