

# PAYROLL DEPARTMENT

## 2018-2019 PAYCHECK DISPOSITION

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LAST NAME

FIRST NAME

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MAILING ADDRESS

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CAMPUS/ASSIGNMENT

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HOME TELEPHONE NUMBER

Check below the way you wish to have your checks handled.

SENT TO CAMPUS: \_\_\_\_\_

PICK UP AT ADMIN: \_\_\_\_\_

DIRECT DEPOSIT: \_\_\_\_\_ (Voided check must be attached)

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NAME OF BANK

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BANK ACCOUNT NUMBER

\_\_\_\_\_ CHECKING

\_\_\_\_\_ SAVINGS

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ROUTING NUMBER

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DATE

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SIGNATURE