San José State
UNIVERSITY
FOUNDATION

Direct Deposit Authorization

Date			
Employee Name			
Social Security #			
Home Address			
Home Phone			
#1 Bank Name			
Bank Phone			
Checking	**Yes / no**	**Savings**	**Yes/ no**
Transit Routing #			
Account #			
Full Deposit		**Or Partial Deposit**	**$**
#2 Bank Name			
Bank Phone			
Checking	**Yes / no**	**Savings**	**Yes/ no**
Transit Routing #			
Account #			
Full Deposit		**Or Partial Deposit**	**$**
#3 Bank Name			
Bank Phone			
Checking	**Yes / no**	**Savings**	**Yes/ no**
Transit Routing #			
Account #			
Full Deposit		**Or Partial Deposit**	**$**

I authorize San Jose State University Foundation to direct deposit my check to the above referenced back account/accounts.

_____ _____

SIGNATURE **date**

NOTE: Please attach a voided check for each account (DEPOSIT SLIP IS NOT ACCEPTABLE).

BAR 032103