



DIRECT DEPOSIT AUTHORIZATION

Form Purpose: To start, change or stop direct deposit for all the following payments received from Florida State University: Payroll, Employee Travel Reimbursements, Nonresident alien non-qualified scholarships, Nonresident alien honorarium payments.

Employee payroll payments can be distributed between two different United States bank accounts and can be managed by the employee through the Self-Service module in the OMNI system. Please note employee travel reimbursements will be deposited into only the primary bank account listed in the OMNI system.

NOTE: This form must be completed IN ITS ENTIRETY in order to be processed.

Check One:	<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor
Employee I.D. or Vendor E.I.N. (DO NOT USE SS #)	_____	
Full Legal Name	_____	
Date of Birth	_____	Phone Number _____
Direct Deposit Action (Check One):	<input type="checkbox"/> Start	<input type="checkbox"/> Change <input type="checkbox"/> Stop
Account Type (Check One):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Please confirm the following information with your financial institution.		
Account # :	_____	ACH Transit/Routing # : _____ (Must be nine digits)
Name of Financial Institution	_____	
Phone Number	_____	

Special Note: Please ensure your direct deposit information has been updated in OMNI to a new account before closing your existing account. Otherwise, the funds will be returned to FSU and there could be a seven to ten day delay before you receive your payment. Direct deposit information entered into the OMNI system takes effect immediately, so please ensure your information is correct. **FSU is not liable for any incorrect information submitted by the employee on this form (e.g., account number, routing number, employee identification/vendor number).**

- I, the undersigned, hereby authorize and request Florida State University to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the named financial institution.
- This direct deposit authorization is to remain in effect until changed by: (a) me, either through employee self-service or in writing; (b) my legal representative, in case of my legal incapacity; (c) the financial institution; or (d) Florida State University.
- Any request to update my direct deposit information outside the self-service applications must be in writing. The change will be effective with the next available payroll cycle. This election will remain in effect until the option is cancelled.
- I further understand I am responsible for notifying FSU Payroll Services in writing if I transfer the full amount of my received direct deposit to a foreign bank account. This is in accordance with NACHA rules to comply with the requirements of the Office of Foreign Assets Control (OFAC).
- My signature below signifies acceptance of the terms and conditions stated above.

Signature _____

Date _____