



Authorization for Direct Deposit

Business Office

Direct Deposit via ACH is the deposit of funds to a consumer's account.

Select One: Begin Deposit Change Information Cancel Direct Deposit

Select College:

Select One: Student Employee Vendor

Select One: Business Account Individual Account

Select One: Checking Account Savings Account

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Name(s) on the account: _____

Email address (required): _____

I hereby authorize the University to electronically credit my account (*and, if necessary, to electronically debit my account to correct erroneous credits*).

I understand that this authorization will remain in full force and effect until I notify the University in writing that I wish to revoke this authorization. I understand that the University requires at least 7 working days prior notice in order to cancel or change this authorization.

Name: _____
(Please Print)

Date: _____ Signature: ► _____

Required: Attach copy of voided check or a "Direct Deposit/Automatic Payment Information Form" from the financial institution named above to be used as verification of information provided.

www.CHSU.edu

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