


### EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Effective Date:
Address:	City/State/Zip:
Birth Date:	G Number:
Phone:	Email:

#### CHOOSE YOUR METHOD OF PAYMENT

- Direct Deposit
  - Please authorize your financial institution via your [Banner Self Service](#) account
- rapid! VISA Paycard
  - This will default 100% of your check to the rapid! Paycard Visa

If you choose to have both Direct Deposit and a rapid! Paycard VISA active for your paycheck please contact the Payroll department at [payroll@gvsu.edu](mailto:payroll@gvsu.edu)

Financial Institution Name: MetaBank®	Amount/Net Pay   <input checked="" type="checkbox"/> 100%
Routing Number: 124085244	
Account Number: 353 _____ (GVSU Payroll office will assign Account number)	
 <p>The rapid! PayCard® Visa® Prepaid card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc.</p> <p>Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p>	

I authorize Grand Valley State University to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize Grand Valley State University to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify Grand Valley State University in writing of my intent to cancel. Upon Grand Valley State University's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Grand Valley State University to debit my account(s) not to exceed the original amount of the credit.

I understand that Grand Valley State University reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_