

EMPLOYEE PAY SELECTION

You have two options for receiving your pay from University of Southern Indiana (“USI”). Listed below are those options. Both are dependable, safe and convenient. **You must select at least one (1) option below.** Please review them and make your selection by initialing your choice and signing below. You must also complete the reverse side of this form to finalize your payroll enrollment. **Your signature is required, regardless of pay option selected.**

I am a Faculty/Adjunct Administrator Staff Member Student Employee. **I am paid** Biweekly Monthly.

DIRECT DEPOSIT

I select direct deposit for disbursement of my pay. _____

- I hereby authorize USI to initiate direct deposit credit entries in the account(s) listed on my Direct Deposit Application.
- I understand I must complete a Direct Deposit Application (on reverse side of this document).
- If I change or terminate my account(s) without notifying USI in a timely manner, I understand that my pay may be delayed and my pay may be placed on a Powercash Payroll card.
- If the direct deposit information I provide to USI is incorrect, I understand that my pay may be delayed and my pay may be placed on a Powercash Payroll card.
- I understand it is my responsibility to verify with my bank that funds have been deposited prior to writing checks or approving debits against the deposit.
- This agreement is effective on the next available payroll processing date and will remain in effect until the University receives notice of change or cancellation by me or my financial institution or until all payroll payments are made resulting from my employment ending at the University.

POWERCASH PAYROLL CARD

I select Powercash Payroll Card for disbursement of my pay. _____

- I hereby authorize USI to initiate direct deposit credit entries in my account.
- If I change or terminate my account(s) without notifying USI in a timely manner, I understand that my pay may be delayed.
- This agreement is effective on the next available payroll processing date and will remain in effect until the University receives notice of change or cancellation by me or my financial institution or until all payroll payments are made resulting from my employment ending at the University.

I authorize USI to disburse my pay according to the selection I initialed above. I understand that I can change my pay selection at any time in the future. If funds to which I am not entitled are deposited to my account, I authorize debits from my account and the return of such funds.

SIGNATURE

DATE

PRINTED NAME

USI EMPLOYEE ID

Check here to cancel your selection

Signature _____ Date _____

Direct Deposit/Payroll Card Enrollment

Name (Print) _____	USI Employee ID _____
Department _____	Email Address _____
PayCard Address _____	Address Line 2 _____
City State Zip _____	Contact Phone _____
Social Security # _____	Date of Birth _____

D I R E C T D E P O S I T	1	Bank Name _____ Account Number _____	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount _____ <input type="checkbox"/> Percent _____ <input type="checkbox"/> Net Pay
	2	Bank Name _____ Account Number _____	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount _____ <input type="checkbox"/> Percent _____ <input type="checkbox"/> Net Pay
	3	Bank Name _____ Account Number _____	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount _____ <input type="checkbox"/> Percent _____ <input type="checkbox"/> Net Pay
	4	Bank Name _____ Account Number _____	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount _____ <input type="checkbox"/> Percent _____ <input type="checkbox"/> Net Pay

Attach (1) a voided check or (2) a statement from your financial institution that contains your name, bank routing number, account type, account number, and last 4 digits of your social security number. Your first pay will be direct deposited as specified above.

<input type="checkbox"/>	POWER CASH PAYROLL CARD check here to select PayCard	<input type="checkbox"/> Amount _____	<input type="checkbox"/> Percent _____	<input type="checkbox"/> Net Pay
--------------------------	---	---------------------------------------	--	----------------------------------

I certify that the information provided is correct and that I have read and understand the terms of this agreement. By signing this application, I authorize USI to send my payments to the account(s) at the financial institution(s) named above. If I have selected the Payroll Card as my pay disbursement, my signature indicates I understand a card will be mailed to the address listed above.

SIGNATURE _____ DATE _____

HR Use Only	
Identity verified by: _____ (who) on _____ (Date)	_____ (Source)
PowerCash Payroll Card Account Number: 477474 _____	Routing Number: 031101169
GXADIRD Entered _____	Checked _____ <input type="checkbox"/> Active _____

