AUTOMATIC DEPOSIT AUTHORIZATION
(Electronic direct deposit submission available at https://axess.stanford.edu)

Employee ID	Social Security #	Email (Optional)

Last Name	First Name	Phone	Date

Checking Account ☐   **OR**   **Savings Account** ☐

I wish to enroll in Stanford University's Automatic Deposit Plan using the voided check attached below.

I wish to enroll in Stanford University's Automatic Deposit Plan using the information below.

Attach voided check here

Financial Institution	
Transit number	Account number
address	
address	

I authorize Stanford University to initiate credit entries or, if necessary, debit entries or adjustments to correct for any error. This authorization is to remain in effect until revoked by me in writing or until I terminate my relationship with the University.

Temporary and casual employees: Please read and check below if appropriate.
I attest that I do not currently possess a SUNet ID, nor expect to have access to Stanford systems. For this reason I require a printed paper pay statement rather than electronic delivery.

Check the box to the right if this applies. ☐

sucopy002 rev:4/19/2005

Employee's Signature

Send completed form to:
Payroll
3145 Porter Drive
Palo Alto, CA 94304

MC 8440