**Employee Pay Selection**

You have two options for receiving your pay from University of Southern Indiana (“USI”) – **dashPayroll Card and Direct Deposit**. Both are dependable, safe and convenient. You must select at least one (1) option.

Please complete the following if you are selecting **dashPayroll Card**

Please complete the following if you are selecting **dashPayroll Card**.

 Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 USI Employee/Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address to Mail Card To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a: \_\_\_ Faculty/Lecturer \_\_\_ Administrator \_\_\_ Support Staff \_\_\_ Student Worker

Initial your selection:

\_\_\_\_ I would like this amount to be placed on this card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (amount).

\_\_\_\_ I would like this percentage to be placed on this card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (percent).

\_\_\_\_ I would like the net pay to be placed on this card.

* I authorize USI to disburse my pay according to the selection above. I understand that I can change my pay selection at any time in the future. My signature below indicates I understand a card will be mailed to the address listed above. 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.
* 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 my financial institution or I or until all payroll payments are made resulting from my employment ending at the University.
* I understand that an approved time report is required for payment of wages.
* I certify that the information provided is correct and that I have read and understand the terms of this agreement.

**I am working** for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department)

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

 Check here to cancel this selection. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR USE ONLY**

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dashPayroll Card Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number: 073972181

GXADIRD Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Pay Selection**

You have two options for receiving your pay from University of Southern Indiana (“USI”) – **dashPayroll Card and Direct Deposit**. Both are dependable, safe and convenient. You must select at least one (1) option.

Please complete the following if you are selecting **Direct Deposit**

 Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 USI Employee/Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a: \_\_\_ Faculty/Lecturer \_\_\_ Administrator \_\_\_ Support Staff \_\_\_ Student Worker

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account Type:\_\_ Checking\_\_ Savings | \_\_Amount $\_\_\_\_\_\_\_\_\_Percent \_\_\_\_\_\_%\_\_Net Pay |
| 2 | Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account Type:\_\_ Checking\_\_ Savings | \_\_Amount $\_\_\_\_\_\_\_\_\_Percent \_\_\_\_\_\_%\_\_Net Pay |
| 3 | Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account Type:\_\_ Checking\_\_ Savings | \_\_Amount $\_\_\_\_\_\_\_\_\_Percent \_\_\_\_\_\_%\_\_Net Pay |

* Along with this completed form, you will need to bring in a check from your checking account to VOID or a direct deposit letter. You can obtain a direct deposit letter by calling your financial institution. This letter must be on letterhead and include your name, full account number and routing number. This information may also be available on your mobile banking app.
* I authorize USI to disburse my pay according to the selection 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.
* If I change or terminate my account(s) without notifying USI in a timely manner or if the information I provided is incorrect, I understand that my pay may be delayed, and my pay may be placed on a dashPayroll Card.
* I understand that 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 my financial institution or I or until all payroll payments are made resulting from my employment ending at the University.
* I understand that an approved time report is required for payment of wages.
* By signing this application, I authorize USI to send my payments to the account (s) at the financial institution named above.
* I certify that the information provided is correct and that I have read and understand the terms of this agreement.

**I am working** for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department)

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

Check here to cancel this selection. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR USE ONLY** Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Information Verified by method: Paper Statement \_\_\_\_\_\_ Mobile Device \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_