

Disbursement Office 2010 Levy Avenue, Building B, Suite 300 PO Box 3062739

Tallahassee, FL 32306-2739

Phone: (850) 644-1590 Fax: (850) 644-3103

www.foundation.fsu.edu

Direct Deposit Authorization Form

To sign up for Direct Deposit, complete this form in its entirety. Return completed form to the FSU Foundation Disbursement Office.

Check One:		
☐ Employee FSU EMPLID		
☐ Vendor TIN or Last 4 of SSN		
Name		
Address		
City:Stat	te:	Zip Code:
Contact Number or E-mail:		
I hereby authorize Florida State University Foundation Disbursement Office to deposit funds into the account indicated below. This authority is to remain in full force		
and effective until Florida State University Foundation Disbursement Office receives written notice from me to terminate the direct deposit, allowing a reasonable		
amount of time for Florida State University Foundation Disbursement Office and the financial institution to act. I accept responsibility for notifying Florida State		
University Foundation Disbursement Office of any changes to my account status.		
Bank (Financial Institution):		
Address:		
City:		Zip Code:
Telephone Number:		
Receiver's 9-Digit Routing Number		
Receiver's Account Number:		
necestes 57 recount Numbers		
Signature		Date
o.g.iaca.c		