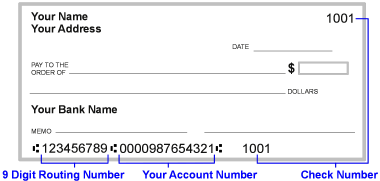
New Application  Change of Bank  Cancel Authorization

Employee  Student

I hereby authorize the University of Southern California to initiate deposits (credits) and/or corrections to prior deposits (previous credits) to the financial institution indicated below. The financial institution is authorized to credit and*I*or correct the amounts to my accounts. This authority is to remain in full force and effect until I revoke it by giving at least ten (10) days prior written notice to USC Payment Services.

|  |  |  |
| --- | --- | --- |
| **Employee Information** | | |
| Name: | | 10-digit USC ID: |
| Email: | | Telephone: |
| Authorized Signer: | | Date: |
| Authorized Signer’s Signature: | | |
| **Financial Institution Information** | | |
| Financial Institution: | Account-holder Name: | |
| Bank Routing Number: | Bank Account Number: | |



VOID

***IMPORTANT:*** *Affix copy of voided check below and fax to 888-498-1118* *(secure online fax) or deliver in person to Payment Services, University Gardens Building, Suite 210. Deposits may only be made to checking or share draft accounts. Processing of this request may take up to three (3) weeks.*

|  |
| --- |
|  |