

Direct Deposit – New or Change Form

1. Click on the *Direct Deposit – New or Change* link to start the form.
2. You will be prompted to login to Adobe Sign.
 - a. In the *email address line*, type in your full saclink email address including @csus.edu (ex. xxxxx@csus.edu) (see figure 1. for the Adobe Sign-In screenshot).
 - b. Click the **Continue** button.
 - c. You will see an Adobe Sign splash screen as it routes you to the *Adobe Sign Send* page.

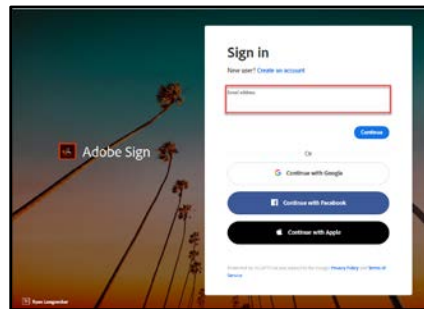


Figure 1. Adobe Sign-In screenshot

3. Once on the *Adobe Sign Send* page, click **More** for a list of required information for this form (see figure 2. for the *Send* page screenshot).
4. Click the **Send** button (see figure 2. for the *Send* page screenshot) to route you to the form. Please note the recipients email address auto-populates in and you will not be able to change this.

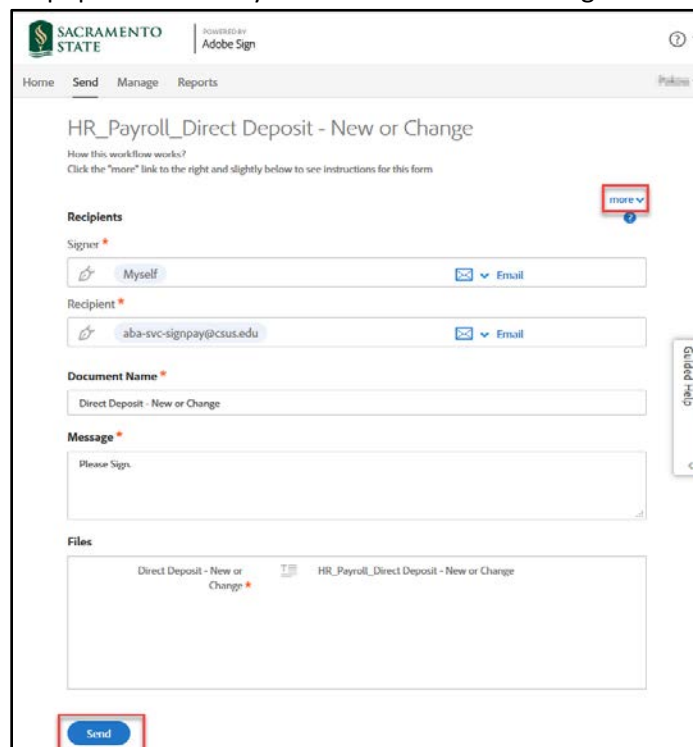


Figure 2. Send page screenshot

5. Once on the form, click the yellow **Start** tab to navigate to the required fields and type in your information (see figure 3. for the Direct Deposit form screenshot).

DIRECT DEPOSIT ENROLLMENT AUTHORIZATION
STD, 699 (REV. 12/2011)

COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE OF THE EMPLOYEE COPY. PLEASE TYPE OR USE BALL POINT PEN-PRINT CLEARLY.

SECTION A (To be completed by employee)

1. TYPE OF ENROLLMENT ACTION
 NEW SECTIONS A, B, AND C MUST BE COMPLETED
 CHANGE SECTIONS A, B, AND C MUST BE COMPLETED
 CANCEL SECTIONS A AND D MUST BE COMPLETED

2. SOCIAL SECURITY NUMBER

3. NAME (First Middle Last)

SECTION B (To be completed by employee if NEW or CHANGE box in Section A is checked)

1. TYPE OF ACCOUNT-MUST BE CHECKED. IF LEFT BLANK, WILL BE PROCESSED AS CHECKING
 C (Checking) S (Savings)

Verify Routing/Depositor Numbers with Financial Institution

2. ROUTING NUMBER

3. DEPOSITOR ACCOUNT NUMBER

4. FINANCIAL INSTITUTION NAME

5. FINANCIAL INSTITUTION ADDRESS (Number and Street City / State ZIP)

SECTION C (To be completed by employee if NEW or CHANGE box in Section A is checked)

I hereby authorize the State Controller's Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.

If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the State Controller's Office to either:
 (a) Withhold a sum equal to the overpayment from future salary or wages; or
 (b) Recover such overpayment from the above-designated account.

If the State is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the State Controller's Office may terminate my enrollment in the program. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the State assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the State by the financial institution.

100% of the net deposit will not be sent to a financial institution outside the jurisdiction of the United States.

SIGNATURE *Click here to sign* DATE 04/13/2020

SECTION D (To be completed by employee if CANCEL box in Section A is checked)

I hereby cancel my Direct Deposit authorization.

SIGNATURE DATE

SECTION E (To be completed by state agency or campus personnel/payroll office only)

1. AGENCY/CAMPUS NAME 2. AGENCY CODE 3. UNIT

4. REMARKS
 CHECK BOX IF SEMI-MONTHLY EMPLOYEE

5. AUTHORIZED AGENCY/CAMPUS SIGNATURE

I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AGENCY/CAMPUS AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT.

DATE RECEIVED BY EMPLOYING OFFICE: MO. DAY YRL

TELEPHONE NUMBER
 CHECK BY MAIL

FOR SCO ONLY
 1. EFFECTIVE DATE: MO. DAY YRL

Figure 3 Direct Deposit form screenshot

6. Once you tab to the *Signature* field, the signature screen will display to provide signing options (see figure 4. for applying signature screenshot).
 - a. Select the method of signing by clicking on **Type**, **Draw**, **Image**, or **Mobile**, and follow the instructions displayed to complete this process.
 - b. After completing the signature process, click the **Apply** button to apply the signature on the form.

Adobe Sign

Type Draw Image Mobile

Type your signature here

Close Apply

Figure 4. Applying signature screenshot

- Once your signature is applied, click the blue **Click to Sign** button at the bottom of your screen (see figure 5. the *Click to Sign* button).



Figure 5. Click to Sign button screenshot

- A thumbnail of the document and confirmation message will display. (see figure 6. Confirmation message screenshot) This completes your portion of the Direct Deposit form.

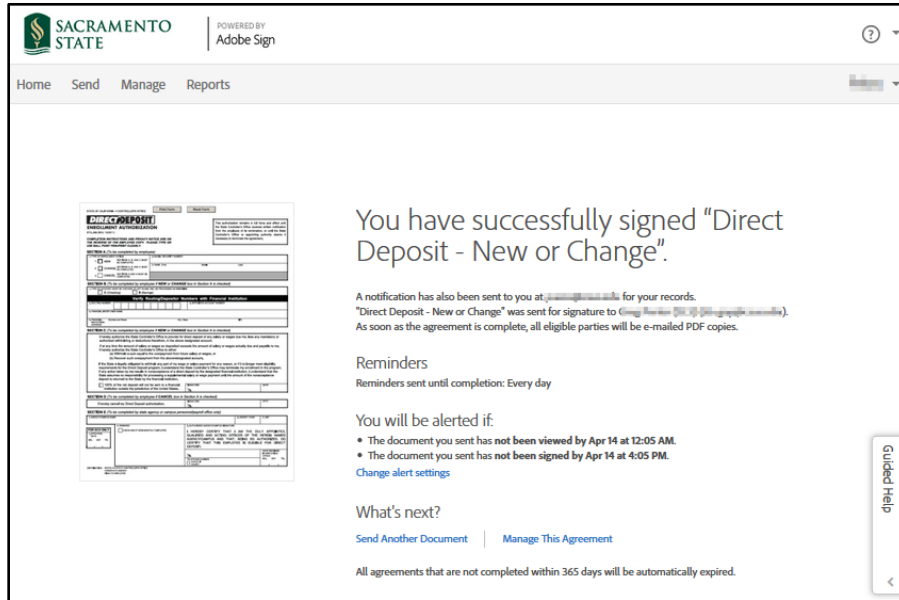


Figure 6. Confirmation message screenshot