

## Method of Payment/Office & Home Address Information

**NAME** (Please Print - Last Name, First Name)

### ***Choice of Payment – you must check one:***

Option 1: \_\_\_\_\_ I elect to receive my paycheck via direct deposit to a financial institution of my choosing within the U.S. Please attach a check from your financial institute or fill in the box below. You may also activate this option, thru Access+ by clicking on the employee tab and then choosing Direct Deposit.

|   |                  |  |
|---|------------------|--|
| Routing #: _____<br>(First 9 digits at bottom left of your check) | Account #: _____ | <b>SELECT ONE:</b><br>Checking Savings |
| (Bank Name)   |                  |  |
| Pay stub information can be obtained from ACCESS PLUS             |                  |  |

Option 2: \_\_\_\_\_ I elect to receive my paycheck as a paper check. I understand that the paper check will be mailed to my office address or home address if I do not have an office address. I understand that by electing this option the university will mail my paper check one day prior to payday but can not guarantee receipt of the paycheck on payday.

***Will you be working for ISU in the State of Iowa? YES \_\_\_\_\_ NO \_\_\_\_\_***  
***If not what state will you be working in \_\_\_\_\_***

### ***CAMPUS INFORMATION (or off campus work location)***

|  |  |                   |
|--|--|-------------------|
| Department                                     | Office phone   | Fax               |
| If working OFF CAMPUS: (address) _____         |  |                   |
| <b><u>Pay Base:</u></b> (how will you be paid) |  |                   |
| Faculty _____                                  | P & S _____  | Merit _____       |
| Graduate Assistant (TA or RA) _____            | Other (D, K, M) _____  | XH (hourly) _____ |
| Iowa State Student: Yes _____ No _____         | If a High School Student, anticipated graduation date: _____ |                   |

### ***PERMANENT HOME ADDRESS (used for sending W-2's)***

|  |      |       |     |
|--|------|-------|-----|
| Street or P. O. Box  | City | State | Zip |
| Home Phone: _____ (optional) List Home Information on Website and in ISU Directory: Yes _____ No _____ |      |       |     |

***All address changes are to be made on AccessPlus under the Employee Tab.***

SIGNATURE

DATE

Your signature acknowledges that ISU may initiate a reversing entry to correct an erroneous credit or debit entry initiated by ISU. Please return this form to: Records Management Office, 3810 Beardshear Hall.