



**BALL STATE UNIVERSITY
PAYROLL & EMPLOYEE BENEFITS
12 Month BSU Pay Club**



Instructions:

1. If you have a BSFCU account, go to step 2. If you do not have a BSFCU account please contact them to establish one.
2. Once you have a BSFCU account, fill in this form.
3. Print the completed form, sign and return to:

BALL STATE UNIVERSITY PAYROLL DEPARTMENT, AD029 Muncie, IN 47306

BSU ID: _____ Last Name: _____ First Name: _____ M.I. _____

<input type="checkbox"/> Current BSFCU Member Add a 12 Month BSU Pay Club Direct Deposit	<input type="checkbox"/> START my new 12 Month BSU Pay Club Direct Deposit	<input type="checkbox"/> STOP my 12 Month BSU Pay Club Direct Deposit	<input type="checkbox"/> CHANGE my current 12 month BSU Pay Club Direct Deposit amount or account number
--	---	--	---

ABA (Routing) Number: 274975291 **Your 12 Month BSU Pay Club Account Number:** _____ **Amount to be held each pay:** \$ _____

I hereby authorize Ball State University to deposit automatically to my account at Ball State Federal Credit Union as I have indicated above. I understand that the very earliest I can expect my account to be credited will be on payday. I further understand that if I change or terminate my account(s) without notifying Ball State Payroll in writing my deduction may be delayed. This deduction will continue until Ball State Payroll is notified of my intent to stop this distribution. The amount being withheld is to be placed in an interest bearing club account, and it will be my personal responsibility to over see this account and to withdraw money from this account as needed.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- The credit union will not be responsible for transfers from this account.
- The Ball State Federal Credit Union will not make child support payments from this distribution.
- If Ball State University makes changes to your payroll or our payroll system, this could affect your distribution.

THE ACCOUNT OWNER MUST SIGN BELOW, AUTHORIZING THE ADDITIONAL ACCOUNT SERVICE

I/we certify that I/we agree to accept the above additional account services. Any owner is authorized and deemed to act for any other owner(s) and may instruct us regarding transactions and other matters for this account. Each owner guarantees the signature of any other owner(s). Any owner may withdraw funds, stop payment on items, or pledge to us all or any part of the shares without the consent of the other owner(s). We have no duty to notify any owner(s) about any transaction. We reserve the right to require written consent of all owners for any change to or termination of an account. If we receive conflicting or inconsistent instructions from any owner(s), we may suspend or terminate access to the account(s) and require a court order or written consent from all owners to act. If any account owner is indebted to us, we may enforce our rights against any account of an owner or all funds in the multiple party accounts regardless of who contributed them. If a deposited item is returned unpaid, an account is overdrawn, there are fees due for returned items or any other fees assessed against the account, the owners, jointly and severally are liable to us for the amount due, regardless of who initiated or benefited from the transaction. All attorney fees, collection expenses, court costs and any other expense incurred by the credit union or in behalf of the credit union will be the responsibility of all account owners jointly and severally, regardless of who initiated or benefited from the transaction.

Signature: _____ Date: _____ BSU Email: _____ Phone Number: _____

Beneficiary Name: _____ of the Ball State 12 Month BSU Payclub

For BSFCU Only:

Account Number: _____ Setup by: _____
On Date: _____ Copy to BSU Payroll: _____
Employee Teller Number: _____

For BSU Payroll Only: GXADIRD (Priority 5) Savings

Setup by: _____ On Date: _____
Verified By: _____ On Date: _____
Copy to BSUFCU: _____