SJSU | TOWER FOUNDATION

Direct Deposit Form

Worker Information	Employer Information
PLEASE PRINT Employee Name:_____ Last 4 Digits of Social Security #: _____	 Company Name: *The Tower Foundation of SJSU* Office / Client Number: *0 4 0 0 / 6 8 1 6* Federal ID Number: *8 3 0 4 0 3 9 1 5*

I authorize my employer to deposit my wages / salary to the following bank account(s):

Bank Account #1   ☐ Checking   ☐ Savings

Bank Name: _____

Branch Location:_____

Bank Routing Number:_____

Bank Account Number:_____

CONFIRM BANKING INFORMATION:

Bank Routing Number:_____

Bank Account Number:_____

Bank Account #2   ☐ Checking   ☐ Savings

Bank Name: _____

Branch Location: _____

Bank Routing Number:_____

Bank Account Number:_____

CONFIRM BANKING INFORMATION:

Bank Routing Number: _____

Bank Account Number:_____

<mark>PLEASE ENSURE YOUR BANKING INFORMATION IS ACCURATE</mark>

PLEASE RETURN TO:
The Share Base Link which was provided via email
Tower Foundation Human Resources
One Washington Square
San Jose, CA 95192-0183
QUESTIONS: towerhr-group@sjsu.edu