Social Security No	Semi Monthly
Employee Name Teleph (PRINT NAME)	-
I, hereby authorize Tennessee State University to deposit my net pay, and all other non-payroll amounts due to me, automatically to my account(s) at the financial institution(s)/credit union(s) indicated, and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, and for the financial institution(s)/credit union(s) indicated below to credit and/or debit the same to such account(s). I understand this agreement may be terminated by me upon proper execution of another authorization agreement. I further understand that, in the event I terminate my employment, my payroll deposits will continue to be made to the above account(s), while all non-payroll deposit of amounts due will continue to be made until such time as I properly execute another authorization agreement. <b>THIS FORM REPLACES ANY PRIOR EXISTING AGREEMENTS PREVIOUSLY SUBMITTED.</b>	
Employee Signature	Date
If you have more than one account, please put the account with the \$ amount FIRST.	
FINANCIAL INSTITUTION NAME (First Account – Depe	osit Amount \$ or 100%)
FINANCIAL INSTITUTION (Check must be attached)   ROUTING NUMBER   ACCOUNT NUMBER   Savings     Checking   Savings     Signature of Financial Institution Officer     Title of Financial Institution Officer	
FINANCIAL INSTITUTION NAME (Second Account – Deposit Amount \$ or 100%)	
FINANCIAL INSTITUTION (Check must be attached)   ROUTING NUMBER     ACCOUNT NUMBER   Savings	
Signature of Financial Institution Officer         Title of Financial Institution Officer	
Example parson 123 Who Knows Road Nashville, TH 37209	Effective Date: HR Acknowledged: Employee Copy: Date Processed:

Routing Number Account Number