

NEW HIRE

T # _____

Semi Monthly
Monthly

Employee Name _____ Telephone # _____
(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. **THIS FORM REPLACES ANY PRIOR EXISTING AGREEMENTS PREVIOUSLY SUBMITTED.**

Employee Signature _____

Date _____

If you have more than one account, please put the account with the \$ amount FIRST.

FINANCIAL INSTITUTION NAME (First Account – Deposit Amount \$ _____ or 100%)

FINANCIAL INSTITUTION (Check must be attached)

ROUTING NUMBER

ACCOUNT NUMBER

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

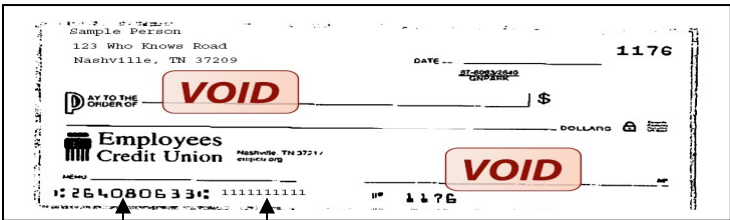
ACCOUNT NUMBER

Checking
Savings

Signature of Financial Institution Officer _____

Title of Financial Institution Officer _____

Example
Check



Routing Number

Account Number

Effective Date: _____

HR Acknowledged: _____
Employee Copy: _____
Date Processed: _____