AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

☐ NEW HIRE ☐ ADD ☐ DELETE ☐ CHANGE

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

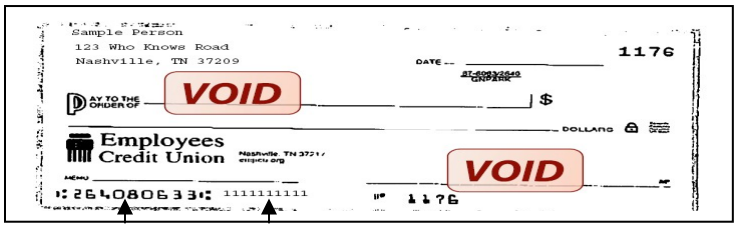
FINANCIAL INSTITUTION NAME **(Second** Account – Deposit Amount $_____

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:_____

REV. 9/2023