

Tennessee State University

Direct Deposit Authorization Agreement

PLEASE FILL IN ALL LINES

TSU Staff Name: _____

TSU Staff Address: _____

TSU Staff phone # or EXT: _____

TSU Staff email address: _____

Authorization for Direct Deposit

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Account Number: _____

Account Type: Checking _____

(Check one) Savings _____

I hereby authorize Tennessee State University to direct the amount of my vendor payments to my bank account as shown above, effective immediately. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that this request may be cancelled or changed by me upon proper execution of another authorization agreement. I also understand that this authorization may be terminated at any time by the University, or named financial institution. I authorize Tennessee State University to initiate reversals from my account in the event of an erroneous deposit.

Date: _____ Authorized Signature: _____

TSU or Student or Staff T# _____

The completed and signed form can be scanned and emailed to qjohnson@tnstate.edu (Queen Johnson) or wmontgomery@tnstate.edu (Bill Montgomery), TN State University - General Accounting and Payroll.

PLEASE ATTACH A COPY OF PICTURE ID AND A VOIDED CHECK