

**Direct Deposit Authorization Form**
**Part I: Authorization Type**
**NEW** Direct Deposit

**CHANGE** Direct Deposit

**CANCEL** Direct Deposit

**Part II: Employee Information**

1. Employee Name \_\_\_\_\_

2. Employee ID \_\_\_\_\_

**Part III: Bank Information**
**Priority I**

1. Bank Name: \_\_\_\_\_

2. Routing Number: \_\_\_\_\_

3. Account Number \_\_\_\_\_

4. Account Type:           Checking       Savings

5. Amount or Percent:       Percent       Amount \_\_\_\_\_

6. Expense Reimbursement :   Expense Reimbursement Account

**Priority II**

1. Bank Name: \_\_\_\_\_

2. Routing Number: \_\_\_\_\_

3. Account Number \_\_\_\_\_

4. Account Type:           Checking       Savings

5. Amount or Percent:       Percent       Amount \_\_\_\_\_

6. Expense Reimbursement :   Expense Reimbursement Account

**Priority III**

1. Bank Name: \_\_\_\_\_

2. Routing Number: \_\_\_\_\_

3. Account Number \_\_\_\_\_

4. Account Type:           Checking       Savings

5. Amount or Percent:       Percent       Amount \_\_\_\_\_

6. Expense Reimbursement :   Expense Reimbursement Account

**Part IV: Authorization**

I certify that the information provided on this form is correct, and I do hereby authorize Athens State University to initiate electronic credit entries for the purpose of making payroll/reimbursement payments to my bank account, and if necessary, debit entries and adjustments for any credit entries in error on my account. I understand that expense reimbursements may only go into one account. I understand that I must notify Athens State University in writing immediately of any changes in status or banking information. Failure to notify Athens State University of any changes in status or banking information will cause a delay in payment. I understand that this authorization will remain in full force and effect until Athens State University has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.

**Sign Here ►**

\_\_\_\_\_

*Signature of Employee*

\_\_\_\_\_

*Date*
**Attach Voided Check or Bank Print-Out**