



DIRECT DEPOSIT ENROLLMENT AUTHORIZATION FORM

| | |
|-----------------|--|
| Employee Name | Employee SSN |
| | |
| Mailing Address | City State Zip |
| | |

PRIMARY ACCOUNT INFORMATION

| | |
|--|--|
| Financial Institution Name | Financial Institution Routing or ABA Number (first 9 numbers on the bottom of check) |
| | |
| Bank Account Number | Name on Account |
| | |
| Action Type: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount | Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Net payroll, after the partial deposits listed below, will be deposited into this account | |

SECONDARY ACCOUNT #1

| | |
|--|--|
| Financial Institution Name | Financial Institution Routing or ABA Number (first 9 numbers on the bottom of check) |
| | |
| Bank Account Number | Name on Account |
| | |
| Action Type: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount | Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Dollar Amount to be Deposited: \$ _____ | |

SECONDARY ACCOUNT #2

| | |
|--|--|
| Financial Institution Name | Financial Institution Routing or ABA Number (first 9 numbers on the bottom of check) |
| | |
| Bank Account Number | Name on Account |
| | |
| Action Type: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount | Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Dollar Amount to be Deposited: \$ _____ | |

I authorize Southern University System's to directly deposit my net pay check to the account (s) at the financial institution (s) designated above. For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority to adjust the amount next due to me to correct the overpayment. It is my responsibility to notify my campus HR department should any changes occur to the account(s) specified. Considering all above conditions are met, this authorization remains effective until a written, signed notification to terminate, or another direct deposit enrollment authorization form is completed indicating termination of this option is received from me, and Southern University System's had had reasonable opportunity to act on the termination.

Employee Signature: _____ Date: _____