

**East Tennessee State University
Authorization for Direct Deposit of Pay**

NAME: _____

ID#: _____

DATE: _____

- New Authorization
- Change Authorization
- Cancel Authorization (for Federal Work Study Students Only)
- I previously submitted an authorization for Direct Deposit of Pay and that information is still correct.

Authorization for Direct Deposit of Pay

Primary Account - Direct Deposit NET PAY Amount:

Name of Bank: _____

Account Type: Checking
(check one) Savings

Bank Routing Number: _____

Account Number: _____

Secondary Account - Direct Deposit FIXED DOLLAR Amount:

Name of Bank: _____

Account Type: Checking
(check one) Savings

Bank Routing Number: _____

Account Number: _____

Fixed Dollar Amt \$ _____

Bi-Monthly Paycheck Monthly Paycheck Check if this is a Change

I hereby authorize East Tennessee State University to direct the net amount and/or fixed dollar amount of my salary and wage payments to my bank account (s) as shown above, effective on the next payroll possible. **A preprinted voided check is attached for verification purposes.** I understand it is my responsibility to provide the Payroll Office with any changes regarding my checking account and a copy of a voided check. If a pre-printed voided check is not attached, I understand my payment may be delayed when funds are returned to ETSU due to an incorrect bank account or routing number. 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 canceled 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 bank. I authorize East Tennessee State University to initiate withdrawal transactions from my account in the event of an overpayment or erroneous deposit.

Date: _____ Employee Signature: _____

