

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

NAME: _____

SSN: _____

DATE: _____

I previously submitted an authorization for Direct Deposit of Pay and that information is still correct. (NOTE: If no form on file or if a change is needed, please complete the form below)

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.** 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: _____

