

Valdosta State University Authorization Agreement for Automatic Deposits

INSTRUCTIONS:

1. **PLEASE PRINT ALL INFORMATION LEGIBLY**
2. Attach a voided check if you designate a checking account. **DO NOT SUBMIT A DEPOSIT SLIP.** If you designate a savings account, you must attach a completed Savings Account Direct Deposit Form from you financial institution.
3. Sign and date the form.
4. Mail completed form to the Payroll Office, University Center.
5. Notify Payroll of any account changes or account closings.

EMPLOYEE INFORMATION

| | |
|---|--------------------------|
| First Name | Last Name |
| Social Security # or PeopleSoft Employee ID # | Daytime Telephone Number |

BANK INFORMATION

- Check ONLY one: Set-up New Direct Deposit
- Checking – attach a voided check
 - Savings – attach an Account Direct Deposit Form from your financial institution
- Modification of Existing Direct Deposit

Account #1 – This is your main account. If you have multiple accounts, the balance of your net pay will be deposited into Account #1. ****If you receive a travel reimbursement, it will be deposited into this account****

| | |
|--|--|
| Financial Institution Name | Telephone Number |
| Routing Number | Account Number |
| Type of Account (Please check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Amount (\$) or Percent (%) |

Account #2

| | |
|--|--|
| Financial Institution Name | Telephone Number |
| Routing Number | Account Number |
| Type of Account (Please check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Amount (\$) or Percent (%) |

AUTHORIZATION

I hereby authorize Valdosta State University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account(s) indicated above and the financial institution named above to credit and/or debit the same to such account. This authority is to remain in effect until Valdosta State University has received WRITTEN notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Employee Signature

Date

Return to: Payroll Office, University Center