



SOUTHEAST MISSOURI STATE UNIVERSITY - 1873

Direct Deposit Authorization Form

Personal Information	Name: _____ Last First M.I.
	SE ID: _____ SSN# _____
	___ Student ___ GA ___ Faculty ___ Regular Staff ___ Temp Staff

Please list all accounts you wish to be direct deposited. Any prior information on file will become inactive.

1 Direct Deposit	<input type="checkbox"/> Percent of Net Pay _____ <input type="checkbox"/> Fixed Amount _____ <input type="checkbox"/> Discontinue <input type="checkbox"/> Begin Date _____ <input type="checkbox"/> Change from _____ to _____																																									
	Name of Bank: _____ <input type="checkbox"/> Checking/Now City and State: _____ <input type="checkbox"/> Savings <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td colspan="9">Bank Transit Routing Number (9 digits)</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td colspan="12">Account Number</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Bank Transit Routing Number (9 digits)																		Account Number																						
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See next page to enter additional direct deposits.

I hereby authorize and request Southeast Missouri State University to make payments of any amounts owed to me by the University to my accounts listed above in the bank named above, hereinafter called Bank to accept my credit or adjustment entries initiated by the University to such account and to enter the same to such account without responsibility for correctness thereof.

Employee Signature _____ Date _____

Are any of your ACH transactions destined for another country outside of the United States? ___ Yes ___ No

Please Note:

1. This will be our payment method for all payments as indicated on this form.
2. Payroll direct deposit of authorized amounts will occur each pay period.
3. It is understood that this agreement may be terminated by me at any time by written notification to Southeast Missouri State University.
4. **Please allow 2 weeks for changes to take effect.**
5. **Attach a voided check.** If a voided check is not available please ensure information is correct. Incorrect information will result in a delay of processing.

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Additional information that will help the Payroll Department processes your request:

Return completed form to Payroll Department
Academic Hall 012
MS 3175