



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 _____																																										
Bank Information	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																							
Bank Transit Routing Number (9 digits)																																											
Account Number																																											

2 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 _____																																										
Bank Information	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																							
Bank Transit Routing Number (9 digits)																																											
Account Number																																											

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. It is understood, that this agreement may be terminated, by me at any time, by written notification, to Southeast Missouri State University.

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 payroll payments, as indicated on this form, for each pay period.
2. **Please allow a minimum of 2 weeks for changes to take effect. It is the responsibility, of the employee, to ensure the direct deposit has been setup/changed before closing or making bank account changes that would affect your payroll direct deposit.**
3. A voided check, bank letter or print out from bank, with bank account and routing number, is required.
4. All direct deposit reversal requests will have a five business day delay in processing.

3 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 _____																																										
Bank Information	Name of Bank: _____ <input type="checkbox"/> Checking/Now City and State: _____ <input type="checkbox"/> Savings <table border="1" style="margin: 5px auto; width: 80%; text-align: center;"> <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: 5px auto; width: 80%; text-align: center;"> <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																							
Bank Transit Routing Number (9 digits)																																											
Account Number																																											

4 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 _____																																										
Bank Information	Name of Bank: _____ <input type="checkbox"/> Checking/Now City and State: _____ <input type="checkbox"/> Savings <table border="1" style="margin: 5px auto; width: 80%; text-align: center;"> <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: 5px auto; width: 80%; text-align: center;"> <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																							
Bank Transit Routing Number (9 digits)																																											
Account Number																																											

5 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 _____																																										
Bank Information	Name of Bank: _____ <input type="checkbox"/> Checking/Now City and State: _____ <input type="checkbox"/> Savings <table border="1" style="margin: 5px auto; width: 80%; text-align: center;"> <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: 5px auto; width: 80%; text-align: center;"> <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																							
Bank Transit Routing Number (9 digits)																																											
Account Number																																											

Additional information that will help process your request:

Return completed form to: Human Resources
Academic Hall 012
MS 3150