SOUTHERN UNIVERSITY SYSTEM HUMAN RESOURCE SYSTEM (HRS) DIRECT DEPOSIT ENROLLMENT AUTHORIZATION FORM (RETURN COMPLETED FORM TO CAMPUS HUMAN RESOURCE OFFICE)

(See the back of this form for instructions)

EMPLOYEE NAME	EMPLOYEE SSN		
MAILING ADDRESS	CITY	STATE	ZIP

PRIMARY ACCOUNT

FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (first nine number on bottom of check)		
BANK ACCOUNT NUMBER		ACOUNT NAME (Ex. Mr	and Mrs. Joe doe, John	n or Jane Doe, John Doe)
Net payroll, after the partial deposits listed below, will be deposited to this account.	ACCOUNT T	YPE (please check one) NG SAVINGS	Action Type: Start	Change Change Amount

SECONDARY ACCOUNT #1

FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (first nine number on bottom of check)		
		·	,	
BANK ACCOUNT NUMBER ACOUNT NAME (Ex. Mr. and Mrs. Joe doe, John or Jane Doe, J		r Jane Doe, John Doe)		
Dollar Amount to be Deposited: <u>\$</u>	ACCOUNT T	YPE (please check one) NG SAVINGS	Action Type: Start	Change Stop Amount

SECONDARY ACCOUNT #2

FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION ROUTING (ABA) NUMBER		
FINANCIAL INSTITUTION NAME				
		(first nine number on bottom of check)		
		· · · · · · · · · · · · · · · · · · ·	· · · /	
BANK ACCOUNT NUMBER	BANK ACCOUNT NUMBER ACOUNT NAME (Ex. Mr. and Mrs. Joe doe, John or Jane Doe, John Do		and Mrs. Ice doe, John or Jane Doe, John Doe)	
DANK ACCOUNT NUMBER		ACCOULT MANUE (EX. WI. and WIS. Joe doe, John of Jane Doe, John Doe)		
	ACCOUNT T	YPE (please check one)	Action Change	
Dollar Amount	ACCOUNT I	IFE (please check one)	Action Change	
to be Deposited: \$	CHECKI	NG SAVINGS	Type: Start Stop Amount	
to be Deposited. <u>s</u>				

I,

_____, authorize and request Southern University to direct

(Print full name) deposit my net pay check to the account(s) at the financial institution(s) designated above. For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment.

It is my responsibility to notify my campus Human Resource Office, as appropriate, should any changes occur to the account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another direct deposit enrollment authorization form is completed indicating termination of this option, is received from me, and Southern University has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information that I add or any changes that I make to my account.

Instructions for Completing Direct Deposit Enrollment Authorization Form

Employees are required to have their payroll check automatically deposited into their checking and/or savings account. A direct deposit enrollment authorization form must be completed and submitted to your campus Human Resource Office to initiate direct deposit.

The instructions for completing the direct deposit enrollment authorization form are as follows:

- 1. Type or print your name, social security number and mailing address.
- 2. Check appropriate action type box to indicate start, stop or change amount.
- 3. Under the account information section, please complete all information. Be sure to attach a blank "voided" check to the completed form for checking accounts. (A sample check is provided below to assist you in locating the financial institution routing number (ABA) and your bank account number.)
- Print your name in the space provided. Sign and date the form, giving a daytime telephone number, and submit the completed form to your campus Human Resource Office.

SAMPLE CHECK

JOHN A. DOE-SMITH 1422 Rail Run Avenue Anywhere, LA 70835		5408	
PAY TO THE ORDER OF	VOID	\$\$	
		DOLI	LARS
<u>мемо</u> :065400137:200 2486 8	9 8: 5408		
Bank Routing Checking Acc Number Number			