



Employee Authorization Form

Direct Deposit of Employee Reimbursements

Employee Name \_\_\_\_\_

Employee DSU ID Number \_\_\_\_\_

This is an authorization to (please check one):

Establish New Account ☐ Change Financial Institution ☐

Please contact your financial institution if you need assistance with the following information. Note that Direct Deposit payments can only be applied to accounts at domestic (U.S.) financial institutions.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Type of Account - Please Check One:

☐ Checking Account

☐ Savings Account

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I hereby authorize:

- (1) *Delta State University to deposit my funds via Direct Deposit,*
- (2) *My financial institution to credit my account, and*
- (3) *Delta State University to initiate and my financial institution to make adjustments to my account for any incorrect credits/payments which may occur.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

A payment notification will be delivered to your Delta State email address. A new authorization form must be completed if there is any change in your banking information.