

MIDDLE GEORGIA STATE UNIVERSITY

Authorization Agreement for Direct Deposit

Direct Deposit Form

Employee Name:

Employee ID and/or Social Security Number:

I hereby authorize MIDDLE GEORGIA STATE UNIVERSITY, hereinafter called *the University*, to initiate credit entries and to initiate, if necessary, debt entries and adjustments for any credit entries in error to my account(s) indicated below and the depository(s) named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s).

Important Facts about Direct Deposit

An employee can have his/her check deposited into multiple accounts. One account must be designated as the "balance account, but the other accounts can be split based on dollar amounts or percentages.

A check marked "VOID" should be submitted with this authorization form. A deposit slip is acceptable ONLY for direct deposit into a savings account.

The employee's account will be **pre-noted** the first pay cycle after the authorization has been received. This means that no money is actually sent to the employee's bank, just the name and account number to assure that no mistakes have been made in coding. The next pay cycle the employee's check is direct deposited.

Employees who wish to change or end direct deposit must do so via HR Self Service.

Direct Deposit #1

Effective Date:

Bank/Credit Union:

FOR OFFICE USE ONLY

Excess? Partial Allowed?

9 digit Transit Routing Number:

Account Number:

CHOOSE ONE - PERCENT OR DOLLAR

Percent of Net Pay:

Dollar Amount:

Account Type:

Checking Saving

Direct Deposit #2

Effective Date:

Bank/Credit Union:

FOR OFFICE USE ONLY

Excess? Partial Allowed?

9 digit Transit Routing Number:

Account Number:

CHOOSE ONE - PERCENT OR DOLLAR

Percent of Net Pay:

Dollar Amount:

Account Type:

Checking Saving

Direct Deposit #3

Effective Date:

Bank/Credit Union:

FOR OFFICE USE ONLY

Excess? Partial Allowed?

9 Digit Transit Routing Number:

Account Number:

CHOOSE ONE – PERCENT OR DOLLAR

Percent of Net Pay:

Dollar Amount:

Account Type: Checking Saving

This authority is to remain in full force and effect until the University has received written notification from me of its termination in such time and in such manner as to afford the University and DEPOSITORY(S) a reasonable opportunity to act on it.

I am responsible for verifying all deposits made with my bank(s) before I issue check or debits against my account.

Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT(S) TO INSURE PROPER CREDIT. FOR SAVINGS ACCOUNTS, YOU MUST COMPLETE THIS FORM CORRECTLY TO INSURE PROPER CREDIT. IF YOU HAVE ANY QUESTIONS REGARDING YOUR ROUTING NUMBER(S) AND/OR ACCOUNT NUMBER(S), PLEASE CONTACT YOUR BANK(S)/CREDIT UNION.

TAPE VOIDED CHECK HERE