

Jackson State University ❖ Office of Financial Services

Payroll and Employee Reimbursement

Direct Deposit Form

Name _____ J# or SSN _____

Address _____

City _____ State _____ Zip Code _____

Employees have the right to modify this authorization at anytime.

PLEASE CHECK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Change of Financial Institution - Employee Reimbursement |
| <input type="checkbox"/> Cancel Authorization | <input type="checkbox"/> Change of Financial Institution - Payroll |

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

(Attach a voided check below to verify account information)

Payroll Primary

Payroll Secondary

**Employee Reimbursement
Accounts Payable**

- | | | |
|---|---|---|
| <input type="checkbox"/> Checking/ Money Market | <input type="checkbox"/> Checking/ Money Market | <input type="checkbox"/> Checking/ Money Market |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Savings Account |

Financial Institution _____

Routing Number (ABA) _____

Account Number _____

Amount to be Deposited or Percentage
Remaining Balance

I hereby authorize:

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

I also understand that a new authorization form must be completed if I change my account, close my account, change financial institutions, or cancel authorization. I also understand that **all** requests for change should be submitted to Jackson State University at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.

Signature _____

Date _____

Print Name _____

Title _____

Email _____

Phone Number _____

FOR EMPLOYEE REIMBURSEMENT
 RETURN TO: JACKSON STATE UNIVERSITY
 OFFICE OF FINANCIAL SERVICES, P. O. BOX 17159
 JACKSON, MS 39217

FOR PAYROLL
 RETURN TO: JACKSON STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES, P. O. BOX 17028
 JACKSON, MS 39217