

Jackson State University Office of Financial Services

Payroll and Employee Reimbursement

Direct Deposit Form

Name

Address

City State Zip Code

J# or SSN

Employees have the right to modify or rescind this authorization at anytime.

PLEASE CHECK ALL THAT APPLY

- New Application Change of Financial Institution for Payroll
- Cancel Authorization Change of Financial Institution for Employee Reimbursement

**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.**

Bank Name City State

TYPE OF ACCOUNT - PLEASE CHECK ONE:

- Checking or Money Market Account *(Attach a voided check below to verify account information)*
- Savings Account

TRANSIT ROUTING (ABA) NUMBER

ACCOUNT NUMBER

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.

This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. All requests for changes 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