Jackson State University ❖ The Business Office Payroll and Employee Reimbursement Direct Deposit Form

Name		J# or	J# or SSN	
Address				
City		State	Zip Code	
	Employees have the rig	ht to modify this authorization at anytime.		
PLEASE CHECK ALL THAT A	PPLY			
New Application	☐ Change of Fin	ancial Institution - Employee Reimb	pursement	
Cancel Authorizat	cion Change of Fir	nancial Institution - Payroll		
	ect Deposit Refunds can only be	if you need assistance with the fo applied to accounts at domestic (check below to verify account information)		
	<u>Payroll Primary</u>	Payroll Secondary	Employee Reimbursement Accounts Payable	
	Checking/ Money Market	Checking/ Money Market	Checking/ Money Market	
	Savings Account	Savings Account	Savings Account	
inancial Institution				
Routing Number (ABA)				
Account Number				
Amount to be Deposited or Percentage	Remaining Balance			
I hereby authorize:	(2) My financial institution (3) Jackson State University	y to deposit my funds via Direct Dep to credit my account, and y to initiate and my financial institut redits/payments which may occur.		
institutions, or cancel a	uthorization. I also understand the	completed if I change my account, at all requests for change should be rersity and financial institution(s) to	e submitted to Jackson State	
Signature		Date		
Print Name		Title		
Email		Phone Number		
FOR EMPLOYEE REIMBURSEMENT RETURN TO: JACKSON STATE UNIVERSITY THE BUSINESS OFFICE, P. O. BOX 17159			FOR PAYROLL RETURN TO: JACKSON STATE UNIVERSITY OFFICE OF HUMAN RESOURCES, P. O. BOX 17028	

JACKSON, MS 39217

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