

Jackson State University ❖ Office of Financial Services

Student Direct Deposit Authorization Form

Allow three (3) business days after processing date for direct deposit funds to be available.

Last Name <input style="width: 90%;" type="text"/> First Name <input style="width: 90%;" type="text"/> Middle Initial <input style="width: 90%;" type="text"/> SSN <input style="width: 90%;" type="text"/>	Address <input style="width: 95%;" type="text"/> City <input style="width: 30%;" type="text"/> State <input style="width: 15%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/> J# <input style="width: 90%;" type="text"/>
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The employee/student has the right to modify or rescind this authorization at anytime.

PLEASE CHECK ALL THAT APPLY

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

**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 <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>
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TYPE OF ACCOUNT - PLEASE CHECK ONE:

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

(Attach a voided check below to verify account information)

TRANSIT ROUTING (ABA) NUMBER	<input style="width: 95%;" type="text"/>	<i>Contact your financial institution for the number (must be validated by financial institution)</i>
ACCOUNT NUMBER	<input style="width: 95%;" type="text"/>	

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 <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Email <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>

STAPLE VOIDED CHECK	RETURN TO: JACKSON STATE UNIVERSITY OFFICE OF FINANCIAL SERVICES, P. O. BOX 17250 JACKSON, MS 39217
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Amount Owed to JSU