

# Northwestern State University

## ELECTRONIC PAYROLL DIRECT DEPOSIT AUTHORIZATION

Employee Name (Please print): \_\_\_\_\_

*Direct Deposit stubs will be sent to the check mailing address on file in the Human Resources System.*

*If you wish to update that address, you may do so with this authorization.*

Update:

YES

NO

Check and Stub Mailing Address:

P. O. Box, Street Number:

City, State, Zip Code:

Social Security Number:

Bank Name:

★ **A voided blank check must accompany this form.** ★

(Please verify this information with your bank)

Name(s) on your Bank Account:

Type of account (please check one):

Savings Account

Checking Account

Bank Account Number:

Bank Identification Routing Number:

***I authorize Northwestern State University to automatically deposit my net pay to the Bank specified above. I also authorize the Bank to accept each of those deposits for my account and to make adjustments to my account that correct any error relating to those deposits. I agree that Northwestern State University will have no responsibility for personal checks written against my account, and that my account will be administered in accordance with rules and regulations of the Bank. This authorization will remain in effect until revoked by in writing or cancelled by the Bank.***

Employee's signature:

Date: