

# STATE SYSTEM OF HIGHER EDUCATION DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Purchasing, HR and Accounts Payable)

|               |       |            |
|---------------|-------|------------|
| Employee Name | SAP # | Department |
|---------------|-------|------------|

- Start Direct Deposit                       Change Financial Institution  
 Change Account Number                       Stop Direct Deposit

Financial Institution's Name: \_\_\_\_\_

|   |                |  |
|---|----------------|--|
| Routing Number<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Account Number | Type of Account<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |
|---|----------------|--|

Effective Date: \_\_\_\_\_                      Email address: \_\_\_\_\_

**I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number.**

I have an established account at the financial institution indicated above, and authorize the State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account indicated above. I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number.

My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

I agree to notify the Purchasing Department if I wish to change the designated Financial Institution or account to which my travel expenses are to be deposited prior to the effective date of such change. I understand that failure to do so may delay the receipt of my travel expenses.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Co-Signature (If Joint Account): \_\_\_\_\_                      Date: \_\_\_\_\_

|  |              |  |             |
|--|--------------|--|-------------|
| <b>To be completed by Purchasing Dept.</b> |              | <b>To be completed by Accounting Dept.</b> |             |
| Input Date                                 | Processed By | Review Date                                | Reviewed By |