

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize **The University of the South** to initiate automatic deposits to my account at the financial institution named below. I also authorize **The University of the South** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The University of the South** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The University of the South** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking _____

Account Number: _____

Savings _____

Account Number: _____

Signature

Employee Name: (Print) _____

Social Security Number: _____ - _____ - _____

Authorized Signature: _____ Date: _____

Please attach a voided check or deposit slip
and return this form to the Payroll Department
or Human Resources.

Attach Voided Check Here