DIRECT DEPOSIT AUTHORIZATION FORM

☐ **New Authorization** ☐ **Change Authorization** ☐ **Cancel Authorization**

PLEASE CHECK *ONE:* ☐ **GA** ☐ **TEMP** ☐ **ADJUNCT**

Name: _____

Banner ID: T_____

Bank Name: _____

Bank Routing Number: _____
(Usually, the first 9 digits appearing in the lower left corner of the check)

Bank Account Number: _____

Bank Account Type: ☐ Checking ☐ Savings

I hereby authorize:

- TTU to deposit my payroll via electronic funds (EFT).
- My financial institution to credit this amount to my account.

THIS AUTHORIZATION WILL REMAIN IN EFFECT EACH SEMESTER UNTIL CANCELLED IN WRITING. A new authorization is needed only if account has been closed, or account number and/or financial institution have changed.

In the event the exercise of this authorization results in an overpayment of wages actually due and payable to me, I understand I will be responsible for repayment of these funds.

In the event my banking institution refuses the electronic transfer of funds, I understand that it be will up to 10 business days before the University will produce a disbursement check or a replacement payroll check.

If any action taken by me without adequate written no notification to Human Resource Services results in non-acceptance of the transfer by my institution, I understand the University assumes no responsibility for processing wages until the funds are returned to the University by my institution.

_____ _____ _____
Signature Phone Number Date

REQUIRED: VOIDED CHECK (NOT A DEPOSIT SLIP) or ROUTING NUMBER AND ACCOUNT NUMBER FROM FINANCIAL INSTITUTION ON FINANCIAL INSTITUTION'S LETTERHEAD

Direct deposit of wages information is available at the BANNER SELF SEVICE website.

Complete the requested information including signature and date, attach a voided check, and return to:

TTU Human Resource Services
P. O. Box 5132
Cookeville, TN 38505-0001

ATTACH A VOIDED CHECK HERE