



Employee Authorization Form

Direct Deposit of Employee Reimbursements

Employee Name _____

Employee DSU ID Number _____

This is an authorization to (please check one):

Establish New Account

Change Financial Institution

Please contact your financial institution if you need assistance with the following information. Note that Direct Deposit payments can only be applied to accounts at domestic (U.S.) financial institutions.

Bank Name _____

Bank City, State, Zip _____

Type of Account - Please Check One:

- Checking Account *(Attach a void check OR a letter from your financial institution to verify your account and routing numbers)*
- Savings Account

Routing Number _____

Account Number _____

I hereby authorize:

- (1) *Delta State University to deposit my funds via Direct Deposit,*
- (2) *My financial institution to credit my account, and*
- (3) *Delta State University to initiate and my financial institution to make adjustments to my account for any incorrect credits/payments which may occur.*

Signature _____

Date _____

A payment notification will be delivered to your Delta State email address. A new authorization form must be completed if there is any change in your banking information.