

Jacksonville State University
DIRECT DEPOSIT AUTHORIZATION
(Employee Provides Forms Version)

Direct Deposit is a convenience that will save you time and energy. The deposit will be transmitted to your financial institution on payday and your pay stub will be mailed to your home. Please note that when you leave the University, your final pay will come in the form of a check and will be mailed to your home address.

Employee Information:

Name: _____ SSN: _____

To authorize deposit of payroll earnings each pay period, the employee may authorize deposit of payroll earnings each pay period as follows:

For Checking: Attach a voided check for verification of the transit routing number and account number.
For Savings: Provide a photocopy of your bank statement for verification of the transit routing and account number.

Or

Take the **Direct Deposit Form for Financial Institutions** to the appropriate institution and return it to Human Resources, 700 Pelham Road North, Jacksonville, AL, 36265. Employee must sign this form giving authorization for direct deposit.

Employee Signature: _____ Date: _____

Account #1

Financial Institution Name: _____

Transit Number: _____ Account Number: _____

Indicate type of account: Checking _____ or Savings _____

Deposit Amount: Net Pay _____ or Specific Dollar Amount: _____

Account #2

Financial Institution Name: _____

Transit Number: _____ Account Number: _____

Indicate type of account: Checking _____ or Savings _____

Deposit Amount: Net Pay _____ or Specific Dollar Amount: _____

Jacksonville State University
DIRECT DEPOSIT AUTHORIZATION
(Financial Institution Version)

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Employee Signature: _____ Date: _____

Financial Institution Name: _____
Mailing Address: _____
Transit Number: _____ Account Number: _____
Indicate type of account: Checking _____ or Savings _____
Deposit Amount: Net Pay _____ or Specific Dollar Amount: _____
I confirm the identity of the above named payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.
Print Representative Name _____ Phone # _____
Representative Signature _____ Date _____