

# GRAMBLING STATE UNIVERSITY

## Direct Deposit Authorization Agreement

If you wish to participate in the Direct Deposit, complete the authorization form below and return it to the Controller's Office in Long-Jones Hall, Room 157.

I hereby authorize Grambling State University (GSU) to deposit payments made via the Office of Accounts Payable and/or Payroll as indicated below directly into my account. The bank(s) named below, hereinafter called DEPOSITORY, are authorized to make appropriate entries to said account(s) to record transactions initiated by Grambling State University.

PLEASE ATTACH A VOIDED CHECK

### EMPLOYEE INFORMATION

(Please print)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

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

### BANK INFORMATION

(Please print)

Accounts Payable

Payroll

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

City/State/Zip

Routing # \_\_\_\_\_

Routing# \_\_\_\_\_

Account# \_\_\_\_\_

Account# \_\_\_\_\_

Checking  Savings

Checking  Savings