

Grambling State University

AUTHORIZATION FOR "ELECTRONIC DEPOSIT"

- New Application for Electronic Deposit
- Change of Account Number, same Bank
- Change of Bank

I, _____, hereby authorize Grambling State University to "Electronically Deposit" my funds on a date specified by the University to the bank of my choice. (Please circle applicable relationship to the university.) It is also understood that it is my sole responsibility to notify the University of my bank account information as well as any changes made to my bank account. In the event of an error in the credit entry, the correction of which requires that a reversing (debit) entry is made, I hereby authorize the Depository Institution to initiate such a debit entry in the amount of the error to my account.

Student, Faculty, or Staff Member Signature: _____ **Date:** __/__/__

If a student, check if form is for _____ **Payroll** or _____ **Student Refunds**

If an employee, check if form is for _____ **Payroll** or _____ **Reimbursements**

Campus-Wide ID Number (CWID): _____

Campus Extension or Other Contact Number: _____

Attach Voided Check to Verify Bank Information and Complete the Following

Financial Institution Name: _____

Financial Institution ABA (Routing) Number: _____

Account Number: **Checking** **Savings** _____

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This section is for GSU employees (faculty/staff) only

Is this a second direct deposit account? **Yes** **No**

If yes, specify amount to be deposited to this account per pay period:
